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THE PREVENTION INDEX '88

SUMMARY REPORT

A Report Card on the Nation's Health

A Project of Prevention Magazine

PART ONE

The Prevention Index: A Report Card on the Nation's Health

A Project of *Prevention* Magazine

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PART TWO

Prevention in America 5: Steps People Take — or Fail to Take — for Better Health, Survey Summary

Consumers' survey conducted for *Prevention* Magazine by Louis Harris & Associates, Inc. Fieldwork: November, 1987

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APPENDIX

Procedures for Computing the Prevention Index

Summary of Behavior on 24 Factors That Apply to Adults

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PREFACE

It was probably too much to expect that the Prevention Index would keep rising. Now, after four straight years of improvement, the 1988 Index has declined.

That's the bad news. The good news is that we've continued to make progress in some areas. And that in spite of the dip, Americans are living much more healthfully than they were a decade ago.

At this point, we don't know whether this year's score represents just a brief setback on the way to further progress, or whether it is an early warning sign. Only future surveys will tell us that.

But we're optimistic. For millions of Americans, good health and safety practices have become an integral part of their daily lives. And once people discover the benefits of activities that help prevent accidents and disease, they're not likely to give up those activities easily.

It's clear, however, that we can't be complacent about our health behavior. Young people still trail their elders in most preventive practices. In areas such as diet, exercise and weight control, there is still much room for improvement.

Health is too important to be taken for granted. We sponsor the Index survey partly to keep track of our prevention progress, but also to prod us into action. Now that this year's health report card is in, we know what must be done to make next year's report a better one.

Sanford T. Beldon
Publisher
Prevention Magazine

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PART ONE

THE PREVENTION INDEX, 1988

For the first time in its five-year history, the Prevention Index has declined.

Our 1988 Index score was 64.8 out of a possible 100. That's down slightly from 65.2 in 1987. But it still represents an increase of 3.3 points over 1984, the first year.

The Index is a composite score, based on 21 key health-promoting activities. Each activity is weighted for its health impact,* and the total values are adjusted to a scale of 100. So an Index score of 100 would mean that everyone was doing all 21 preventive acts; zero would mean that nobody was doing any of them. (For details on computing the Index, see the Appendix.)

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by the experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating on its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

Tracking Trends

Despite this year's dip, there were positive signs. We did make progress in some key areas.

The biggest jump was with smoke detectors. Eighty-two percent of people report now having a smoke detector in their home — a 5-point rise over 1987.

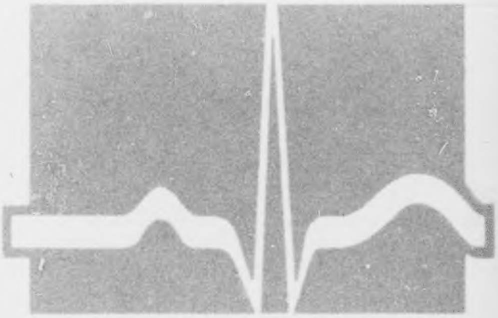
Another encouraging note was a 2-point increase in the number of people who get strenuous exercise at least three times a week. While this rise is not statistically significant, it is the largest change we've seen in this category, and could be an indication of better things to come.

In past years, the biggest improvement — by far — has come in seat belt use. This year's 2-point increase was small, compared to the 14-point leap in 1987. Use of seat belts appears to have reached a plateau, and new state and federal efforts will probably be necessary for further gains.

As usual, most behaviors did not show major shifts. In some cases, that's just fine. Only 28 percent of adults smoke, just 12 percent drink excessively, and 81 percent take steps to avoid home accidents.

In other cases, however, lack of progress is troubling. Less than one in four Americans maintains the proper weight — an unfortunate fact that has been virtually unchanged since our first survey. Barely half of drivers keep to the speed limit, and 23 percent drive after drinking.

Some of the most disturbing news is in the area of nutrition. In two categories — limiting high-cholesterol foods and getting adequate vitamins and minerals — there were four point drops. In addition, efforts to limit



Importance ratings were obtained from a Louis Harris survey conducted for the Prevention Index project in 1983. Results are presented in "Prevention in America: The Experts Rate 65 Steps to Better Health." It is available from The Prevention Index, 33 E. Minor Street, Emmaus, PA 18098.

sodium fell three points, and efforts to limit fat were down two points. These last two declines, though not statistically significant, are worth watching closely.

Looking Ahead

Since our survey measures behavior, rather than attitudes or motivation, it is difficult to know the reasons behind many of the changes. But there is nothing to indicate that Americans' interest in health has peaked, as some people have suggested.

Rather, a closer examination of the survey information shows that while some population groups are declining in their compliance with a particular preventive activity, other groups are improving. For example, over the five years of our study, the percentage of people aged 18 to 29 who get frequent strenuous exercise has increased nine percentage points. But with the 30 to 39 age group, the percentage who get frequent strenuous exercise has *declined* by five points.

Or consider efforts to get enough vitamins and minerals, either in foods or in supplements. Over the five years of our study, the percentage of people who say they "try a lot" to get enough vitamins and minerals has declined by four points. During this period, however, efforts to get vitamins and minerals *declined* seven points with 18- to 29-year-olds, while *increasing* seven points with 50- to 64-year-olds.

These changes indicate that for some people, health habits are not well established. But for a growing number of people, behavior that prevents accidents and disease has become part of everyday life. The challenge we face is making good health behavior the normal lifestyle for all Americans.

PREVENTION INDEX SCORES

1984	61.5
1985	63.2
1986	64.1
1987	65.2
1988	64.8

THE PREVENTION INDEX, 1988

	Health-promoting Behavior	Adults Practicing (%)	Experts' Rating, Scale 1-10	Value Contributed to Index
1.	Do Not Smoke	72	9.78	4.2
2.	Avoid Smoking in Bed	92	9.24	5.1
3.	Wear Seat Belt	57	9.16	3.1
4.	Avoid Driving After Drinking	77	9.03	4.2
5.	Smoke Detector in Home	82	8.53	4.2
6.	Socialize Regularly	83	8.31	4.1
7.	Frequent Strenuous Exercise	35	8.20	1.7
8.	Drink Alcohol Moderately	88	8.15	4.3
9.	Avoid Home Accidents	81	8.07	3.9
10.	Limit Fat in Diet	54	7.82	2.5
11.	Maintain Proper Weight	24	7.71	1.1
12.	Obey Speed Limit	55	7.65	2.5
13.	Annual Blood Pressure Test	84	7.62	3.8
14.	Control Stress	68	7.58	3.1
15.	Consume Fiber	60	7.41	2.7
16.	Limit Cholesterol in Diet	42	7.15	1.8
17.	Adequate Vitamins/Minerals	59	7.12	2.5
18.	Annual Dental Examination	75	7.08	3.2
19.	Limit Sodium in Diet	54	7.04	2.3
20.	Limit Sugar and Sweet Foods	49	6.90	2.0
21.	7-8 Hours Sleep/Night	61	6.71	2.5

Prevention Index = 64.8

PART TWO

PREVENTION IN AMERICA 5:
Steps People Take–or Fail to Take–For Better Health, Summary

PREFACE

Given the dramatic rise in health care costs that has continued through the 1980's, the prevention of disease and accidents should be among the highest priorities for America. And while it is true that increasing media attention has been paid to the importance of healthful living, and that progress has been made, there is still enormous room for improvement.

In order to learn the extent to which Americans are making progress toward practicing healthful living, Louis Harris and Associates, working for the fifth straight year under the sponsorship of *Prevention* Magazine, interviewed 1,250 randomly selected adults across the country by telephone from the Harris firm's central survey facility located at Rockefeller Center in New York City. Interviews averaged 25 minutes in length and were conducted between November 11 and 25, 1987.

As in previous years, the interviews concentrated on the most important risk factors and habits believed to influence the long term health of the American people. Survey questions focused on key health enhancing practices such as good nutrition, exercise and weight control, accident avoidance and getting regular medical exams. Various health suppressors such as smoking, alcohol use and stress were also examined.

Because the survey has been conducted every year since 1983, the data allow us to follow the trends in these key prevention measures. This year, we report not only on the overall trends in prevention practices, but also on trends among the major demographic subgroups in the country: men and women, young and old, educated and uneducated. The findings from the 1987 survey, when compared to the results of the baseline 1983 survey, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. And the demographic subgroup comparison shows which groups in the country are gaining ground, and which are losing ground in the fight for good health.

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported in this (and in all surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarrassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed.

Notwithstanding these possible sources of error, the 1987 survey and its earlier counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report will also be available, rather than simply an excerpt from the survey findings.

Project Responsibility

The director of this project at Louis Harris and Associates was Humphrey Taylor, President. The chief analyst was Louis Genevie, Ph.D., Research Director.

Louis Harris and Associates would like to thank *Prevention* Magazine for commissioning this research. We would in particular like to thank Robert Rodale, founder of *Prevention*, Sanford Beldon, *Prevention's* publisher, and Tom Dybdahl, who manages the project for *Prevention*, for their continued support. The research team is also indebted to Lois Hoeffler whose careful and speedy attention to detail made the timely production of this report possible; and to Xiaoyan Zhao, Ph.D.; the newest member of the Harris team, who acted as our reader and in doing so, saved us from several otherwise embarrassing errors. We are also greatly in debt to the many other people who contributed to the development of the questionnaire. However, responsibility for topics, question wordings, the findings, and for their interpretation rests solely with Louis Harris and Associates.

Louis Harris and Associates, Inc.

SURVEY HIGHLIGHTS

The main findings of this year's Prevention Index survey are summarized below. Overall, the results are mixed: we've made gains in some areas, but lost ground in others.

Nutrition

1. *In spite of the media attention focused on nutrition, the proportion of Americans who say that they "try a lot" to follow a list of good nutritional practices has scarcely changed over the last five years.* This finding confirms the conclusions of other researchers that many Americans pay lip service to good nutritional habits, and may even have good intentions, but these good intentions do not translate into good nutritional behavior.

- Women, older people and the more educated are currently doing the most and have made the most gains nutritionally during the last five years.

- Women show strong gains in avoiding sodium, caffeine and increases in getting enough calcium and fiber. Older people have increased their fiber consumption also, while avoiding caffeine and cholesterol.

- More educated people are avoiding sodium and cholesterol and increasing fiber into their diet. Less educated people have registered increases in avoiding sweets and increasing calcium consumption.

Exercise

2. *The number of people taking regular strenuous exercise has not changed significantly since 1983. However, the survey indicates that exercising was not a passing fad.*

- The country divides between the East and the Midwest, where fewer people exercise and where the numbers exercising may actually have declined; and the South and West, where more people exercise and the numbers appear to have been growing.

- Regular strenuous exercise is concentrated among those under 30, 51%

of whom say they exercised regularly compared to only 17% of those 65 years of age and older. That 17% figure represents a 6% decline since 1983 in the rate of strenuous exercise among those 65 years of age and older. At the same time those under thirty have experienced a 9% increase in this rate.

- The number of Americans who say that they get strenuous exercise on an irregular basis, a behavior that has been linked to injuries and sudden death, stands at 30%, a figure that has remained stable since the first year of this survey in 1983.

Weight

3. *More men then women are overweight. But more women than men believe they're overweight.*

- The proportion of women who are overweight, however, has increased in the last five years from 47% in 1983 to 53% in 1987.
- Given these figures, it is not surprising that women are more likely to be dieters, 44% in 1987 compared to only 31% in the men. This figure, however, represents a six percent decline since 1983 when 50% of the women said that they were trying to lose weight.
- The slight increase in the proportion of people who are overweight during the last five years is primarily due to an 8% increase in overweight people in the Midwest, the area of the country that is also exercising the least.
- The survey confirms that people with low incomes and relatively little education are more likely to be overweight than upper income or well-educated people.
- Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16%, about one out of six of those questioned, were below their recommended weight range, a figure that has decreased since 1983.

Safety

4. *The number of people in homes with smoke detectors has increased for the fourth consecutive year to 82% from 67% in 1983.*

- The most rapid growth in the number of people living in homes with smoke detectors has occurred among those groups in the population who needed them most, minorities and people with low incomes.

5. *Primarily as a result of legislation at the state level, there has been a 38% increase in the number of people who wear safety belts in their automobiles during the last five years.* In 1983, this figure stood at only 19%, less than one out of five Americans. In 1987, this figure had trebled to 57%.

- Increases in the rate of seatbelt use between 1983 and 1987 have been strongest among women as compared to men and among young people, those 18-29 years of age as compared to older people.
- Wealthier, more educated people tend to use seatbelts more often.

6. *The number of drivers who say they exceed the speed limit on the nation's highways is on the increase.*

- In 1983, 56% of adult Americans said they never exceed the speed limit compared to 50% in 1987. Young people are about twice as likely as older people to exceed the speed limit. In 1987, only 33% of those 18 to 29 years of age said that they *never* exceeded the speed limit compared to 64% of those between 50 and 64 years of age and 62% of those 65 years of age and older.

7. *The mix of drinking and driving is on the decline.*

- In 1983, 30% of the drivers questioned said that they drove after drinking at least sometimes. By 1987, this figure had declined to 23%. While this 7% decrease is encouraging, it should be noted that even now more than one out of five Americans say that they sometimes drive after drinking.

Routine Medical Exams

8. *As far as routine medical exams are concerned:*

- Three out of four in the nation now receive a dental exam once a year, a slight increase since 1983.
- More than eight out of ten Americans receive a blood pressure screening at least once a year.
- Forty-five percent have their cholesterol monitored at least once a year, figures that have remained constant since 1983. Older people are far more likely than younger people to have their cholesterol level tested. In 1987 63% of those 65 years of age or older did so, compared to only 36% of those under forty.
- In 1987, 75% of the women around the country indicated that they had received a pap smear test for cancer in the last two years.

Smoking

9. *The overall rate of smoking cigarettes among adult Americans seems to have bottomed out at 27% for the time being.*

- Men and women now smoke cigarettes at equal rates.
- Although the rate of smoking among both sexes has declined since the Harris firm first measured this number in 1974, the rate of decrease for men has been much higher than the decline among women. Because the rate of decline in smoking among women is lower, the difference in the proportion of men and women smoking has been narrowing over the years, from 10 to 12 percent in the mid-1970's to about equal proportions in the early 1980's.
- Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence, in 1987, there were slightly more women who smoked than men.
- Those who smoke are more likely to be younger, less educated, and have fewer financial resources.
- The gap between the rich and the poor with respect to smoking may be widening. The decline in smoking has been sharpest among those with higher incomes.

Drug and Alcohol Use

10. *Drug use among young people declined sharply between 1984 and 1987.*

- Recreational drug use has declined around the country, from 9% in 1984 to 6% in 1987. While this represents only a 3% decrease, the decline represents about a 33% decrease in the *number* of Americans who say they use "recreational" drugs.
- The use of recreational drugs has declined most steeply among younger people, from 21% in 1984 to only 10% in 1987.

11. *However, younger people (those less than 30 years of age) were far more likely to drink alcohol heavily than older people (those over 64 years of age) (37% vs. 5%).*

Stress

12. *More women say they are under a great deal of stress at least several days a week than men (35% compared to 27%).*

- Stress tends to increase between 18 and 49 years of age and then decrease among those 50 years of age and older.
- Stress peaks in the 40-49 year old age group, which experienced a 14% increase in the rate of stress over the last five years.

●Stress is lowest among those 65 years of age and older, only 13% of whom said that they were under a great deal of stress.

●Those with four year college degrees experienced the greatest level of stress, with 35% indicating that they felt under a great deal of stress at least several days a week, compared to those without a high school diploma, only 26% of whom said they were under a great deal of stress.

American Attitudes Toward Prevention

13. *A plurality (45%) of Americans believe that health care services should give more emphasis to prevention.* However, the minority who believe that we have the balance right between treatment and prevention has increased from 18% in 1983 to 32% in the latest survey. Only 11% think that more emphasis should be given to treatment.

●The erosion of support for greater preventive measures on the part of the health care system has been greatest among those constituencies who in the past have supported it the strongest: the middle class, people under 40, and those who live in the Western part of the country.

Concern About AIDS

14. *Concern about AIDS as a major health problem is growing.*

●In the two years between 1985 and 1987, the number of people who think that AIDS will become a major epidemic has almost doubled, from 14% to 27%.

●While only a minority think that AIDS will be a major epidemic five years from now, the vast majority, almost seven out of ten Americans, think that it will be a growing health problem. This figure has increased by 16% in the last two years.

15. *In 1987, 16% of adults in America believe that they, themselves, run the risk of catching AIDS, an increase of 6% during the last two years.*

●Concern about personal risk is growing most rapidly in the Western part of the country. About equal numbers of men and women expressed concern about catching AIDS, although there was indication that concern among men is rising faster than among women.

●Personal concern about the risk of catching AIDS is higher and rising faster among men and concern that AIDS will become an epidemic in the next five years is higher and rising more rapidly among women.

16. *With concern about AIDS on the increase, it is not surprising that 49% of those questioned said that they are taking special steps or precautions to avoid catching AIDS.*

●Regionally, 55% in the Southern part of the country are taking steps to avoid catching AIDS compared to only 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years, compared to the South, which registered a 13% increase.

●AIDS is clearly affecting the sexual behavior of young people. Sixty-one percent of those 18 to 29 years of age are taking precautions, compared to only 31% of those 65 years of age and older.

●Minority groups showed a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.

●Although fewer Whites are taking precautions than those of minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics.

SECTION ONE

NUTRITION

> Aside from a small increase in calcium consumption and a slight decline in vitamin and mineral consumption, almost no change has taken place in the last five years in the structure of the American diet as it relates to preventing illness.

Are we, as a nation, moving toward a more healthy diet? As shown by the data in Table 1-1, the answer to this question is a resounding no. Aside from a small increase in calcium consumption and a slight decline in vitamin and mineral consumption, almost no change has taken place in the last five years in the structure of the American diet as it relates to preventing illness.

Currently:

- Only about one out of three people say they try to avoid caffeine and food additives such as preservatives, colorings, and artificial flavorings.
- Less than half try a lot to avoid eating too much sugar and sweet food or very high cholesterol foods.
- Slight majorities are trying a lot to avoid eating too much sodium and fat.
- Fifty-four percent say that they try a lot to get enough calcium, which, while representing a 4% increase between 1983 and 1987, represents a 3% decline since 1986 when the figure stood at 57%.

These figures paint a rather dismal portrait of the average American diet, still dominated by high fat, low fiber foods.

Limiting Sodium

The East and the Midwest have posted significant gains in avoiding sodium, while the South and the West have experienced declines. Most significantly, those in central cities have become much more concerned about salt and sodium, showing a 10% increase between 1983 and 1987 while areas outside central cities experienced slight declines.

Those under thirty expressed the least concern about sodium consumption, and those over fifty the most. There is some indication, however, that this may be changing, as younger people's interest in avoiding sodium has risen during the study period by 6% as compared to about a 2% decline among those over fifty.

Avoiding Fat and Cholesterol

For the most part, differences among the various demographic subgroups in avoiding fat and cholesterol are slight and inconsistent. Those in the lower income groups, however, as well as Black and Hispanic minorities and those with less education, may be becoming less concerned about this issue.

Older people, especially those between 40 and 64, seem to be gaining interest in the avoidance of high cholesterol foods. Those under 40 experienced about a 4% decline in interest in avoiding high cholesterol foods between 1983 and 1987, further increasing the gap between older and younger people in this regard. (See Table 1-2.)

Watching Sugar and Sweets

Interest in avoiding sugar and sweets seems to be increasing among those with less education and less income, while decreasing among those with

TABLE 1-1

CHANGES IN DIET & NUTRITION

Health Enhancing Behaviors Nutrition	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	1987 Survey %	Percentage Point Change From 1983 1987
General Diet						
Try a lot to avoid eating too much salt or solium	53	54	54	57	54	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	-1
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	0
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	-2
Try a lot to get enough calcium	50	45	57	57	54	+4
Try a lot to avoid caffeine in beverages such as coffee, tea, and certain soda pop	NA	34	37	34	34	0
Try a lot to avoid foods that contain additives such as preservatives, colorings, and artificial flavorings	NA	37	33	36	36	-1
Specific Foods						
Try a lot to eat enough fiber	59	58	59	59	60	+1
Try a lot to eat fish twice a week	NA	NA	34	31	33	-1
Try to eat vegetables in the cabbage family	NA	NA	62	65	59	-3
Food Supplements						
Percent who use food supplements	NA	NA	NA	NA	53	NA
Try a lot to get enough vitamins and minerals	63	57	63	63	59	-4

more education and more income. Aside from this, demographic patterns indicate that the slight decline in interest in avoiding too much sugar and sweet food has occurred across the board.

Calcium Consumption

The increase in calcium consumption is one of the few bright nutritional spots. The data reveal, however, that the 4% increase nationally has not occurred consistently within the various subgroups in the nation. Regionally, for example, the Eastern and Western parts of the country have experienced greater increases in calcium consumption than the Midwest or the South.

At the individual level, both men and women have increased their calcium consumption, but women have increased theirs more dramatically than men, exhibiting a 9% increase between 1983 and 1987. Calcium consumption among Whites has increased by 5% while decreasing by 8% for Blacks.

Eating Fiber

The Eastern and Western regions of the nation have experienced increases in interest in getting enough fiber, while the Midwestern and Southern parts of the country have experienced declines.

Important changes occurred among the various age groups. Those in their thirties exhibited a 10% decline in interest in fiber consumption, while those in their forties exhibited an increase of 13%. Currently, women, older people, and more educated people are more likely to be trying a lot to get enough fiber from whole grain cereals, fruits, and vegetables.

Vitamins and Other Food Supplements

Although women still hold the edge over men in their concern about vitamin and mineral consumption, men's interest has remained stable between 1983 and 1987, while interest among women declined by 6%. Minority groups experienced greater declines than Whites in general, as did those under 40, and those with more education.

Overall, however, older people and those with more education do the most to try to get enough vitamins and minerals.

TABLE 1-2

CHANGES IN CHOLESTEROL AVOIDANCE AND FIBER CONSUMPTION, 1983-1987

Base	Percent Who Try a Lot to Avoid Eating High-Cholesterol Foods 1983 1253 %	1987 1250 %	Percentage Point Change From 1983 to 1987
Total Adults	42	42	0
Region			
East	46	42	-4
Midwest	38	38	0
South	42	45	+3
West	42	43	+1
Age			
18-29 years	28	28	0
30-39 years	45	37	-8
40-49 years	41	51	+10
50-64 years	48	52	+4
65 and over	57	56	-1

	Percent Who Try a Lot to Eat Enough Fiber 1983 %	1987 %	Percentage Point Change From 1983 to 1987
Total Adults	59	60	+1
Region			
East	56	62	+6
Midwest	59	51	-8
South	61	59	-2
West	63	67	+4
Age			
18-29 years	47	47	0
30-39 years	63	53	-10
40-49 years	54	67	+13
50-64 years	71	72	+1

SECTION TWO

EXERCISE

Those who indicate that they exercise strenuously on a regular basis are also more likely to report excellent health.

How many Americans exercise regularly? If you ask people if they get any regular exercise either at work or somewhere else, the vast majority report that they get regular exercise. In 1987, fully 79% of those questioned indicated that they did so.

We know from a wide variety of research, however, that regular *strenuous* exercise, exercise that causes an individual to breathe heavily and the heart and pulse rate to be accelerated, (i.e. aerobic exercise) is the form of exercise most likely to have health and longevity benefits. It is in this vital area that Americans fall short.

In 1987, only 35% of those questioned indicated that they got regular strenuous exercise at least three days a week, the recognized minimum for maintaining fitness and good health. Only 20% said that they got exercise four or more days a week, the minimum necessary for improving conditioning. Only 9%, less than one out of ten Americans, make strenuous exercise a regular and routine part of their daily lives.

Differences in Strenuous Exercise

Regionally the Western part of the nation sets the pace in the proportion who exercise, with 44% reporting that they exercised strenuously three or more days a week in 1987. This represents a 7% increase over the Wests' figure for 1983. In the South, 38% say they exercise strenuously on a regular basis, which represents a 4% increase over the 1983 figure. In the Midwest, however, only 31% exercise regularly, and this figure represents a 5% decline since 1983. The Eastern region remained relatively stable, rising from 29% to 31%.

Men lead the way in the proportion who say they exercise strenuously on a regular basis. In 1987, 44% of men questioned indicated that they did so, while only 28% of women indicated that they exercised strenuously on a regular basis. These figures have remained almost identical since the first year of the survey.

Ethnically, Blacks exhibited a tremendous increase in the rate of those indicating regular strenuous exercise. In 1983, only 28% of Blacks questioned indicated that they exercised regularly, whereas in 1987, 48%, an increase of 20% over 1983, indicated that they did so. The rate of strenuous, regular exercise for Whites and Hispanics remained stable between 1983 and 1987, with 35% of Whites exercising regularly along with 33% of Hispanics.

Not surprisingly, those who indicate that they exercise strenuously on a regular basis are also more likely to report excellent health. In 1987, 48%—of those who said they exercised strenuously on a regular basis said that they were in excellent physical health as compared to only 26% of those who said that they were in fair or poor physical condition. These figures strongly indicate that exercise is both an underlying factor as well as a result of feeling good physically and plays a critical role in any overall strategy to promote the health of the nation.

TABLE 2-1

CHANGE IN THE RATE OF REGULAR STRENUOUS EXERCISE, 1983-1987

	Percentages of Those Who Exercise Strenuously 3 or More Days Per Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	34	1250	35	+1
Region					
East	321	29	313	31	+2
Midwest	324	36	311	31	-5
South	376	34	386	38	+4
West	233	37	240	44	+7
Urbanism					
Central city	385	33	379	40	+7
Rest of metropolitan area	562	32	572	36	+4
Outside metropolitan area	307	36	299	29	-7
Sex					
Men	608	42	598	44	+2
Women	646	26	652	28	+2
Race					
White	1049	34	1011	35	+1
Black	118	28	95	48	+20
Hispanic	87	32	92	33	+1
Age					
18-29 years	340	42	318	51	+9
30-39 years	285	39	299	34	-5
40-49 years	216	26	175	35	+9
50-64 years	215	30	238	29	-1
65 and over	194	23	211	17	-6
Education					
Not high school graduate	215	32	201	27	-5
High school graduate	433	31	442	32	+1
Some college	312	36	294	39	+3
Four-year college graduate	291	39	309	42	+3
Household Income					
$7,500 or less	137	29	123	25	-4
$7,501-$15,000	230	27	147	32	+5
$15,001-$25,000	287	37	275	36	-1
$25,001-$35,000	226	40	222	39	-1
$35,001-$50,000	128	37	206	38	+1
$50,001 and over	108	40	157	44	+4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	35	498	37	+2
Clerical, sales	148	24	186	35	+11
Professional, manager, or proprietor	424	36	442	35	-1
Self-Described Health Status					
Excellent	343	46	328	48	+2
Very good or good	718	34	734	32	-2
Fair or poor	189	22	185	26	+4

Since there is a little understanding that being thin is a part of a lifestyle that includes exercise and good nutrition, most dieters fail to lose weight.

SECTION THREE

WEIGHT CONTROL

Many Americans are obsessed with their weight. Each year billions of dollars are spent on diet workshops, diet foods, and diet books. Since there is little understanding that being thin is a part of a lifestyle that includes exercise and good nutrition, most dieters fail to lose weight.

Forty-three percent of Americans feel overweight. Interestingly, more women than men feel this way, even though objectively fewer women are overweight. Not surprisingly, given these figures, women are more likely to be dieters, 44% in 1987 compared to only 31% of the men. There has, however, been a slight decline in this figure since 1986 when 50% of the women said they were trying to lose weight.

The failure of Americans to control their weight is shown by the data in Table 4-1. Amidst the abundance of food that we enjoy, six out of ten weigh more than they should for their height and bone structure.* Fifteen percent are at least 20% above their recommended weight and only about one out of four are within recommended range.

Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16% of those questioned were below their weight range, a figure that has decreased since 1983.

TABLE 3-1

TRENDS IN WEIGHT CONTROL

Base	**1983 Survey 995** %		**1984 Survey 1002** %		**1985 Survey 1061** %		**1986 Survey 1022** %		**1987 Survey 1008** %	
30% or more above range	6		6		8		6		7	
20% to 29.9% above range	9		7		7		7		8	
10% to 19.9% above range	15	58	15	56	14	62	15	59	17	59
5% to 9.9% above range	13		11		16		15		14	
Up to 4.9% above range	16		16		16		15		13	
Within recommended range	23		22		21		23		24	
Up to 4.9% below range	9		9		9		10		8	
5% to 9.9% below range	6	19	5	17	4	17	5	18	5	16
10% or more below range	4		3		4		3		3	

Based on those aged 25 and above whose weight/height/build/sex combination could be classified, using Metropolitan Life Insurance Company tables.

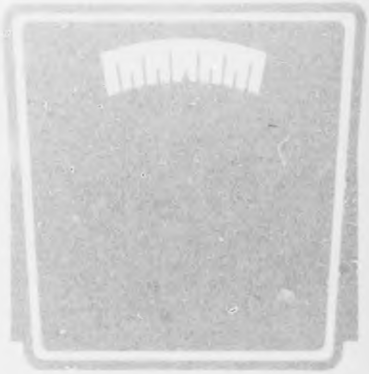
Recommended ranges for adults are based on the "old" Metropolitan Life Insurance tables because of statistical controversies provoked by the newer tables. Reported percentages are based on the 94% of adults aged 25 and over whose weight/height/body build/sex combination could be classified. Reported weight and height are adjusted for shoes a[illegible]lothing. The details of the Metropolitan Life Insurance tables can be found reprinted in many sourc[illegible]uch as Randolph Lee Clark and Russell W. Cumley (eds.), The Book of Health, *3rd edition (New Y[illegible] Van Nostrand Reinhold, 1973), and William A.R. Thompson,* Black's Medical Dictionary, *33rd editi[illegible] (Totowa, N.J.: Barnes and Noble, 1981).*

TABLE 3-2

PERCENTAGE OF ADULTS WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE, 1984-1987

Base	Weight Within Recommended Range* 1984 Base	1984 %	1987 Base	1987 %	Percentage Point Change From1984 to 1987
Total Adults	1047	22	1008	24	+2
Region					
East	268	20	260	23	+3
Midwest	275	22	253	20	-2
South	311	24	306	25	+1
West	193	23	189	28	+5
Urbanism					
Central city	305	21	293	24	+3
Rest of metropolitan area	476	24	471	25	+1
Outside metropolitan area	266	20	244	23	+3
Sex					
Men	498	18	467	24	+6
Women	549	26	541	24	-2
Race					
White	920	23	843	25	+2
Black	86	11	69	20	+9
Hispanic	48	30	59	20	-10
Age					
18-29 years	161	21	140	29	+8
30-39 years	283	25	284	27	+2
40-49 years	175	22	164	21	-1
50-64 years	238	21	223	20	-1
65 and over	190	20	[illegible]	23	+3
Education					
Not high school graduate	206	15	164	15	0
High school graduate	365	24	345	26	+2
Some college	212	22	223	21	-1
Four-year college graduate	263	25	274	30	+5
Household Income					
$7.500 or less	115	19	91	19	0
$7.501-$15.000	191	23	122	18	-5
$15.001-$25,000	220	21	228	28	+7
$25,001-$35,000	206	24	182	24	0
$35,001-$50,000	142	23	170	23	0
$50,001 and over	88	26	135	32	+6
Usual Occupation of Head of Household					
Blue-collar labor, service	429	18	391	23	+5
Clerical, sales	137	25	156	23	-2
Professional, manager, or proprietor	409	25	372	29	+4
Self-Described Health Status					
Excellent	247	27	262	29	+2
Very good or good	613	23	587	24	+1
Fair or poor	182	13	157	15	+2

** Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N=1008).*



SECTION FOUR

AVOIDING ACCIDENTS

Serious accidents, both in the home and on our nation's highways, cost billions of dollars in healthcare costs, to say nothing of the grief and personal tragedy inflicted on millions of Americans. Some accidents, are of course, unavoidable. Others, however can be avoided. And still others can be made less serious if we learn to take the proper precautions.

Safety in the Home

As a nation, we are becoming more safety conscious in the home. In 1987, 81% of those questioned indicated that they did take steps in their home to avoid accidents. This compares to the 72% of those questioned in the 1983 survey, an increase of 9%.

Regionally, those in the East and Midwest are taking more safety precautions in the home than in the South and the West. Although women are slightly more likely than men to be safety conscious in the home (85% compared to 77%) and this gap may be widening, most other demographic subgroups show little difference in the proportion of those taking safety precautions in and around the home. Even younger people, who, in 1983, held the lowest rank in this regard, moved up by 15% and are currently as safety conscious around the home as older people.

The Use of Smoke Detectors

In 1987 nearly 82% of Americans had smoke detectors in their homes. This figure represents a 15% increase over the 1983 survey figure which stood at 67%.

Increases were registered in all regions of the country, but especially high increases occurred in the South and Midwest. The Southern region, while still the lowest on this scale, registered a 21-point increase between 1983 and 1987.

The greatest increases registered from 1983 and 1987 were among those who needed the increases most, that is, those who had fewer smoke detectors in the home in 1983 — primarily low income people and ethnic minorities.

Highway Safety

Since 1983, the nation has been doing much better in the use of seat belts. Primarily as a result of legislation at the state level, there was a 38% increase in the number of people who say they wear safety belts between 1983 and 1987. In 1983, this figure stood at only 19% — less than one out five Americans. In 1987, this figure had risen to 57%. While commendable, it should be noted that despite this increase less than six out of ten Americans buckle up for safety, so there is still much room for improvement.

Even though the Midwest registered an increase during the study period, only 53% of those in this area of the country now wear seatbelts, compared to 65% of those in the Western part of the nation. Those outside major metropolitan areas also showed much room for improvement. Only 46% of those in rural areas said they wear seat belts all the time in 1987, and while this represented a 33% increase over 1983, rural areas still have the lowest rate of seatbelt use in the country.

The individual's self-described health status is related to whether or not he or she buckles up. Although the reason for this may not be altogether clear at first glance, it may be that buckling up, a relatively simple, straightforward safety precaution, is an indication of a person's general concern and awareness of the importance his or her behavior makes in health status. Sixty-seven percent of those who say they are in excellent health buckle up, compared to only 46% of those say they are in poor or only fair health.

The number of people who say they exceed the speed limit on the nation's highways is on the increase. In 1983 only 44% of adult Americans said they exceeded the speed limit at least sometimes, compared to 50% in 1987.

Regionally, the increase in speeding was centered in the West, which experienced a 12% increase in the number of speeders between 1983 and 1987. The Midwest experienced no increase during this period and remains the area of the country with the slowest drivers. Sixty percent of those in the Midwest say they never exceed the speed limit.

Young people are about twice as likely as older people to exceed the speed limit. In 1987 only 33% of those 18 to 29 years of age said that they never exceeded the speed limit, compared to 64% of those between 50 and 64 years of age and 62% of those 65 and older.

Driving After Drinking

Alcohol use has been connected to approximately 50% of the accidents on our nation's highways. Fortunately, the mix of drinking and driving is on the decline. In 1983, 30% of those questioned said they drove after drinking at least sometimes. By 1987, this figure had declined to 22%. While this 8% decrease is encouraging, it should be noted that even now, *more than one out of five Americans say that they sometimes drive after drinking.*

Regionally, the decline in the number of adults who say that they drive after drinking has occurred on a relatively equal basis. The decline in the South was greatest (9%) and this area of the country, perhaps because of greater enforcement of DWI laws, has the fewest number of people who drive after drinking (17%).

Those with more education and greater household incomes still tend to report more driving after drinking than those with less education and fewer financial resources. In 1987 only 10% of those without a high school diploma indicated that they drove after drinking, compared to 29% of those with a four-year college degree. This same pattern holds true for the various levels of household income. Thirty-six percent, almost four out of ten of those making more than $50,000 a year, said that they drove after drinking at least sometimes, compared to only 11% of those whose household incomes was $7,500 a year or less.

TABLE 4-1

TREND IN SOME ASPECTS OF SAFETY AT HOME

Q.:Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

Base	1983 Survey 1251 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Precautions at Home					
Yes, take steps	72	81	80	80	81
No, don't take steps	26	18	19	19	18
Not sure	1	1	*	1	1
Smoke Detector					
Have a smoke detector	67	74	76	77	82
Do not have	32	26	24	23	18
Not sure	*	*	*	1	*
Smoking in Bed					
Yes, someone smokes in bed	11	11	9	8	8
No, no one ever smokes in bed	85 } 88	74 } 89	89 } 91	86 } 91	88 } 92
No one in household smokes (vol.)	3	15	2	5	4
Not sure	*	1	*	*	*

*Less than 0.5%

TABLE 4-2

TREND IN SOME ASPECTS OF AUTO SAFETY

Base	1983 Survey 1251 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %
Wearing Seatbelts					
All the time	19	27	41	55	57
Sometimes	26	33	31	29	27
Never	53	39	28	15	15
Not applicable (vol.)	1	1	*	1	*
Not sure	*	*	*	*	*
Base	**1983 Survey 1097 %**	**1984 Survey 1108 %**	**1985 Survey 1102 %**	**1986 Survey 1109 %**	**1987 Survey 1121 %**
Driving at or Below Speed Limit					
All the Time	56	52	50	51	50
Sometimes	38	43	45	43	45
Never	5	5	5	5	4
Not sure	*	*	*	*	1
Driving After Drinking					
All the time	5 } 30	4 } 31	3 } 28	3 } 26	2 } 23
Sometimes	25	27	25	23	21
Never	52	53	59	56	44
Don't drink (vol.)	16	15	12	18	22
Not sure	2	*	1	*	*

Base: Drivers only *Less than 0.5%

While men and women, and various ethnic groups tend to get cholesterol testing on a fairly equal basis, younger people report that they get cholesterol testing much less often than older people.

SECTION FIVE

MEDICAL TESTS

Regular medical exams are an important part of a program designed to enhance personal health. They can stop disease in its early stages, and prevent problems from becoming more serious.

Blood Pressure Monitoring

Americans are doing quite well with respect to monitoring their blood pressure. In 1987, fully 84% of those questioned indicated that they had a blood pressure screening exam at least once a year.

Women have generally been more concerned about their blood pressure than men, and this difference seems to be increasing. In 1983, 80% of the men indicated that they received annual blood pressure readings and 84% of the women did so. In 1987, however, only 78% of the men got regular blood pressure readings compared to 89% of the women, a 5% increase.

Socioeconomic status, as indicated by educational level and household income, play a very minor role in who gets blood pressure readings on an annual basis. While there is a very slight tendency for those who are more educated to get blood pressure readings, this difference is offset by the fact that those with lower incomes tend to get the readings slightly more often than those with higher incomes.

Cholesterol Testing

In 1987, 45% of those questioned indicated that they received a cholesterol test at least once a year. This figure has changed very little since the question was first asked in 1984, when 43% of those questioned indicated that they received cholesterol testing at least once year.

While men and women, and the various ethnic groups tend to get cholesterol testing on a fairly equal basis, there is a major difference among the various age categories. Younger people report that they get cholesterol testing much less often than older people. In 1987, only 36% of those under 40 indicated that they received cholesterol testing on an annual basis, compared to 63% of those 65 years of age and older. There is also some indication that this difference may be widening, as those over 65 years of age experienced a nine percent increase in the rate of cholesterol testing between 1984 and 1987, compared to only about a two or three percent increase among those under 40. Those between 40 and 64 years of age actually experienced a decline in the rate of cholesterol testing.

Regular Dental Exams

In 1987, fully three out of four Americans indicated that they saw a dentist at least once a year. This figure represents a 4% increase over the 1983 figure.

Regionally, the Eastern and Western parts of the country experienced the greatest gains between 1983 and 1987. In the East, the rate of annual dental checkups increased by 10% from 71% to 81%. In the West, the proportion receiving regular dental exams increased by 7%, compared to a 3% increase among those in the

Midwest and a 2% decline among those in the South.

People with a very low level of education (i.e., those who did not graduate high school) experienced a 10% decline in the rate of annual dental checkups between 1983 and 1987, and remain the most underserved group. Only 42% indicated that they received an annual dental checkup, compared to 91% of those with four year college degrees. Because those with the highest level of education experience a 10% increase between 1983 and 1987, the gap between those with the highest and lowest educational levels increased.

Pap Smear

When we asked women around the country if they had received a pap smear test for cancer in the last two years, 75% indicated that they had done so. While this figure was identical to the 1983 proportion, it represented a 5% decline during the last year (1986-1987).

There are also some important ethnic differences worth noting. In 1987, only 65% of the Hispanic women questioned indicated that they received regular pap smears, a 19% decline over the 1983 data. Black women, on the other hand, experienced a 13% increase in the rate of regular pap smear testing during the same time period and now receive proportionately more pap smear testing than any other ethnic groups. Fully 85% of the Black women questioned in 1987 indicated that they received a regular pap smear. This compares to 76% of the White women questioned.

Pap smear testing, like other medical examinations, is a sign of

TABLE 5-1

TREND IN MEDICAL EXAMS AND TESTS

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	Percentage Point Change From 1983 to 1987
Blood Pressure Reading						
More often than once a year	52 } 82	59 } 85	59 } 87	55 } 84	56 } 84	+4 } +2
Once a year	30	26	28	29	28	-2
Every two years	6	5	5	5	6	0
Every three or four years	2	2	3	3	3	+1
Every five years or less often	3	2	3	4	2	-1
Never	5	3	2	3	3	-2
Not sure	2	2	1	1	2	0
Cholesterol Blood Test						
More often than once a year	x	17 } 43	20 } 48	18 } 46	19 } 45	+2 } +2
Once a year	x	26	28	28	26	0
Every two years	x	8	7	8	7	-1
Every three or four years	x	6	4	5	4	-2
Every five years or less often	x	4	6	5	5	+1
Never	x	32	29	30	34	+2
Not sure	x	7	5	6	4	-3
Dental Exam						
More often than once a year	44 } 71	45 } 73	46 } 74	49 } 76	50 } 75	+6 } +4
Once a year	27	27	28	27	25	-2
Every two years	8	7	7	6	6	-2
Every three or four years	4	4	3	3	4	0
Every five years or less often	3	5	4	4	4	-7
Never	11	10	11	11	10	-1
Not sure	3	1	1	1	1	-2

x=Not asked

health concern and good health, as indicated by the fact that those in excellent health are more likely to say they received a pap smear test than those in fair or poor health. In 1987, 81% of those who reported excellent health indicated that they received a pap smear test, compared to 64% of those in fair or poor health.

Breast Self-Examination

Breast self-examination can identify potentially cancerous tissue before it has a chance to spread and thus can save many lives. Yet, in 1987, only 42% of the women questioned indicated that they examined their breasts on a monthly basis. While this figure represents a 5% increase over the 1983 data, it should be noted that between 1985 and 1987 there was a 6% decline in this figure.

The decline in monthly self-examinations of the breast was most prominent among Black women, who experienced an 11% decline between 1985 and 1987, from 51% to 40%. White women, on the other hand, experienced about an average decline (6%), while Hispanic women experienced a 4% increase in this figure.

The decline over the last two years in monthly breast self-examinations among women was centered primarily among women under 30, who experienced a 10% decline in this figure. The rate among other age groups was either at or below the average decline that has occurred (6%).

TABLE 5-2

TREND IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Base	**1983 Survey 646 %**	**1984 Survey 634 %**	**1985 Survey 640 %**	**1986 Survey 648 %**	**1987 Survey 652 %**	**Percentage Point Change From 1983 to 1987**
Pap Smear						
More often than once a year	18	23	15	17	17	-1
Once a year	49 }75	46 }77	54 }78	55 }80	51 }75	+2 }0
Every two years	8	8	9	8	7	-1
Every three years	4	3	3	4	4	0
Every four or five years	3	2	3	2	3	0
Every six years or less often	2	4	3	4	3	+1
Never	13	11	12	7	10	-3
Not applicable (vol.)	1	2	1	2	2	-1
Not sure	2	1	1	*	2	0
Breast Self-Exam						
At least once a month	37	42	48	45	42	+5
Several times a year	30	27	30	30	29	-1
Once a year	9	10	8	6	9	0
Less than once a year	4	4	3	3	4	0
Never	15	13	9	12	13	-2
I never do it – doctor does it (vol.)	2	2	1	3	2	0
Not applicable (vol.)	*	*	-	*	1	+1
Not sure	1	1	1	*	1	0

**Less than 0.5%*

SECTION SIX

SMOKING

The decline in smoking has been much steeper for men than for women. In 1987, there were slightly more women who smoked than men who did.

In 1987, 28% of Americans questioned said that they smoked cigarettes. This figure has fluctuated less than 3% since the first Prevention survey in 1983. Although the number of people who smoke has been declining since the Harris firm first measured this behavior in 1974, the decline seems to have bottomed out at this point. About three out of every ten Americans still smoke cigarettes.

The decline in cigarette smoking has been much steeper for men, 47% of whom said they smoked in 1974*, compared to only 27% in 1987. Smoking has also decreased among women, from 38% in 1974 to 29% currently. Because the rate of decline in smoking among women is lower than that among men, the difference in the proportion of men and women smoking has been narrowing over the years, from 10% to 12% in the mid-1970's to about equal proportions in the early 1980's. Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence in 1987, there were slightly more women who smoked than men.

Among the various education levels, only those with a four-year college degree showed a significant decline in smokers. Only 18% of those with a four-year college degree said

TABLE 6-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke now, or not?

Base	1974 Feb. 1407 %	1975 Mar. 1556 %	1978 Jan. 1347 %	1978 May 1514 %	1980 Mar. 1506 %	1983 Nov. 1252 %	1984 Nov. 1253 %	1985 Nov. 1256 %	1986 Nov. 1250 %	1987 Nov. 1250 %
Smoke now	43	43	39	37	40	30	28	30	27	28
Do not Smoke	57	57	61	63	60	70	72	70	72	72
Percentage of men smoking cigarettes	47	49	45	43	44	33	27	31	29	27
Percent of women smoking cigarettes	38	37	33	32	36	28	30	29	26	29
Difference	+9	+12	+12	+11	+8	+5	-3*	+2*	+3*	-2*

** In these surveys, the smoking rates of men and women are statistically indistinquishable.*

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

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*Although not a part of the Prevention Index at the time, the Harris firm first measured this trend in 1974.

that they smoked, compared to about 30% of those without a college degree. Household income follows a similar pattern. Those with more household income smoke less than those with fewer financial resources. About 35% of those making less than $15,000 said that they smoked, compared to 23% of those making more than $35,000.

Finally, the effect of smoking on self-described health status should be noted. In 1987, 22% of those in excellent health said that they smoked, compared to 35% of those in fair or poor health.

TABLE 6-2

PERCENTAGE OF ADULTS WHO SMOKE CIGARETTES, 1983-1987

	Adults Who Smoke				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1253	30	1250	28	-2
Region					
East	321	28	313	32	+4
Midwest	324	35	311	28	-7
South	376	30	386	27	-3
West	233	25	240	25	0
Urbanism					
Central city	385	30	379	29	-1
Rest of metropolitan area	562	32	572	26	-6
Outside metropolitan area	307	26	299	31	+5
Sex					
Men	608	33	598	27	-6
Women	646	28	652	29	+1
Race					
White	1049	29	1011	28	-1
Black	118	36	95	29	-7
Hispanic	87	28	92	30	+2
Age					
18-29 years	340	32	318	28	-4
30-39 years	285	34	299	32	-2
40-49 years	216	33	175	31	-2
50-64 years	215	26	238	33	+7
65 and over	194	24	211	17	-7
Education					
Not high school graduate	215	34	201	32	-2
High school graduate	433	34	442	33	-1
Some college	312	30	294	29	-1
Four-year college graduate	291	21	309	18	-3
Household Income					
$7,500 or less	137	31	123	32	+1
$7,501-$15,000	230	33	147	38	+5
$15,001-$25,000	287	35	275	31	-4
$25,001-$35,000	226	28	222	27	-1
$35,001-$50,000	128	27	206	23	-4
$50,001-and over	108	24	157	23	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	552	32	498	32	0
Clerical, sales	148	28	186	30	+2
Professional, manager, or proprietor	424	26	442	23	-3

SECTION SEVEN

USE OF ALCOHOL AND DRUGS

The slight increase in abstinence is primarily due to the fact that those 65 years of age and older are drinking substantially less.

Alcohol consumption decreased slightly among the American population between 1983 and 1987. This is reflected by the slight increase in the number of people who never drink (34% in 1983, compared to 36% in 1987). The declining trend in alcohol consumption is also evidenced by the fact that the number of people who drink three or more days a week is also on the decline. This figure stood at 15% in 1983, compared to 11% in 1987.

Table 7-1

TREND IN THE USE OF ALCOHOL AND DRUGS

Base	**1983 Survey 1254 %**		**1984 Survey 1253 %**		**1985 Survey 1256 %**		**1986 Survey 1250 %**		**1987 Survey 1250 %**	
Frequency of Alcohol Consumption										
Never	34		30		33		32		36	
Less than 1 day a month	16		14		15		15		13	
1 to 3 days a month	16		19		20		19		19	
1 to 2 days a week	19		21		19		20		21	
3 to 4 days a week	7	65	8	70	6	66	6	67	5	64
5 to 6 days a week	2		2		2		1		1	
Daily/7 days a week	6		6		4		6		5	
Not sure	*		-		*		1		*	
Quantity of Alcohol Consumption Among Drinkers										
(Base)	(828)		(877)		(842)		(850)		(800)	
1 drink	32		30		33		32		33	
2 drinks	36		35		34		35		31	
3 drinks	15		16		15		15		14	
4 drinks	8		8		6		6		9	
5 or more drinks	8		10		11		10		13	
Not sure	2		1		1		1		*	
Recreational Drugs										
(Base)	(1254)		(1253)		(1256)		(1250)		(1250)	
Frequently	x		2		2		1		*	
Sometimes	x		7	9	7	9	2	7	1	5
Only occasionally**	x		x		x		4		4	
Never	x		91		91		93		94	
Not sure	x		*		*		-		-	

x=Not asked. **Less than 0.5%.* ***The "only occasionally" category was added in 1986*

The slight increase in abstinence is primarily due to the fact that those 65 years age and older are drinking substantially less. In 1983, 55% of those 65 years of age and older said that they did not drink alcohol. By 1987, this figure had risen to 65%, an increase of 10% over the last five years.

Although there was no change in the overall rate of heavy drinking among American adults between 1983 and 1987, significant changes have occurred regionally. Those in the Eastern and Midwestern sections of the nation have experienced declines in the rate of heavy drinking, totaling between 5 and 6%, while the Southern and Western portions of the country registered 6% increases in the rate of heavy drinking during this same time period.

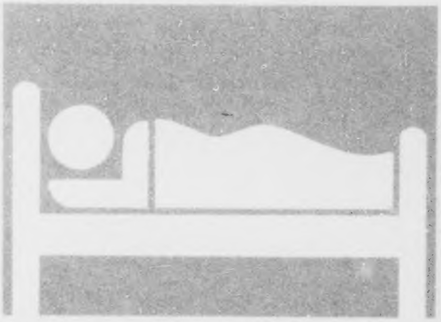
Heavy drinking cuts across all income and educational categories, although those in the very lowest education and income categories tend to drink the least. Generally speaking, those with family incomes under $25,000 a year experienced a decline in heavy drinking between 1983 and 1987, while those with family incomes of $25,000 a year or more experienced an increase. This same pattern is also evident among college graduates, who experienced a 4% increase in the rate of heavy drinking, as compared to declines in heavy drinking among those without a college degree.

Recreational Drug Use

The use of other recreational drugs is also on the decline. Nine percent of the American population admitted using recreational drugs, such as marijuana, in 1984, compared to 6% in 1987. While this represents only a 3% decrease, that decline represents about a 33% decrease in the number of people who say they use recreational drugs.

The decline in drug abstinence between 1984 and 1987 was centered among the youngest adults in the country, those 18 to 29 years of age. In 1984, 21% of those who were 18 to 29 years of age said that they used recreational drugs, a figure that had declined 10 points by 1987 to 11%.

The number of women who say that they are under a great deal of stress at least several days a week has risen significantly over the last five years, while the rate for men has declined.



SECTION EIGHT
STRESS

Between 1983 and 1987, the number of Americans who said that they were under great stress at least several days a week rose from 28% to 32%. At the same time, more Americans say they are taking steps to reduce the stress in their lives. Sixty-eight percent did so in 1987, compared to 59% in 1983.

The number of women who say that they are under a great deal of stress at least several days a week has risen significantly over the last five years (7%), while the rate for men has declined. Because of this increase, more women are now under a great deal of stress than men (35% compared to 27% of the men).

Stress levels also differed among the various ethnic groups, with White and Hispanic respondents exhibiting approximately equal rates of stress and Blacks somewhat lower. This slightly lower rate of stress among Blacks was due to the 12% decline in this rate between 1983 and 1987. Blacks, who reported the highest rate of stress in 1983, now report the lowest rate of stress. During this time period the rate of stress increased slightly among White and Hispanic respondents.

Those 65 years of age and older reported the least amount of stress in the nation. In 1987, only 13% of those in this category said that they were under a great deal of stress several days a week. That figure represents a 2% decline over the 1983 data. Further analysis of the trend in the stress across the age groups shows that stress tends to increase between 18 and 49 and then decrease among those 50 years of age and older. Stress peaks in the 40 to 49 years old age group, which experienced a 14% increase in the rate of stress over the last five years.

Stress also has an impact on physical health. Thirty-one percent of those who describe their health as excellent said that they felt under a great deal of stress at least several days a week, compared to 42% of those who describe their physical health status as fair or poor.

TABLE 8-1

TREND IN SOME ASPECTS OF STRESS

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	Percentage Point Change From 1983 to 1987
Frequency of Stress						
Almost every day	16 ⎤ 28	13 ⎤ 27	14 ⎤ 27	17 ⎤ 30	17 ⎤ 32	+1 ⎤ +4
Several days a week	12 ⎦	14 ⎦	13 ⎦	13 ⎦	15 ⎦	+3 ⎦
Once or twice a week	27	31	33	29	30	+3
Less often than once a week	29	30	30	30	27	-2
Never	16	10	10	10	10	-6
Not sure	1	2	1	1	1	0
Steps To Control Stress						
Yes, take steps to control	59	70	69	64	68	+9
No, don't take steps	38	29	31	35	30	-8
Not sure	3	1	1	1	2	-1
Sleep						
6 hours or less	25	26	26	26	27	+2
7-8 hours	64	63	64	65	61	-3
9 hours or more	10	10	9	9	11	+1
Not sure	1	1	*	1	1	0
Socializing With Others						
Once a week or more	84	85	85	81	83	-1
Less than once a week	16	14	15	19	18	+2
Not sure	*	1	*	*	1	+1

**Less than 0.5%*

SECTION NINE

BALANCE BETWEEN PREVENTION AND TREATMENT

Americans' declining interest in increasing prevention practices within the health care system should be a cause of concern for anyone interested in health.

To learn how important the practice of prevention is to Americans, we asked whether health care services in their community have the right balance between treatment and prevention. Or should they be giving more emphasis to treatment, or more emphasis to prevention?

Currently, a plurality (45%) of the American public still thinks that the health care system should be giving more emphasis to prevention. This figure, however, represents a seven percent decline since 1983. Meanwhile, the number who feel that the health care system has got the right balance between treatment and prevention has been rising. Currently almost one out of three Americans feel that the health care system has the right balance, as compared to only 18%, less than one out of five, in 1983.

These figures send a double message. On the one hand, the fact that an increasing number of Americans feel that the health care system has the right balance between prevention and treatment is an indication of a perception on the part of more and more people that more is being done to promote health prior to illness. On the other hand, as those familiar with the health care system are painfully aware, little attention is paid by traditional medicine to the prevention of disease.

In 1987, for example, only 31% of the respondents indicated that a physician had volunteered advice about improving their health habits

Table 9-1

THE BALANCE BETWEEN TREATMENT AND PREVENTION IN THE HEALTH CARE SYSTEM, 1983-1987

Q: There are two approaches to health and sickness: one approach – treatment – which seeks to cure sickness, and another approach – prevention – which seeks to prevent sickness. At the moment, do you think that health care services in your area have the right balance between *treatment* and *prevention*, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey
Base	1254	1253	1256	1250	1250
	%	%	%	%	%
Balance Between Prevention and Treatment					
Got the right balance	18	23	24	29	32
Should give more emphasis to treatment	12	10	14	8	11
Should give more emphasis to prevention	52	52	51	43	45
More emphasis to both (vol).	4	3	3	5	3
Not sure	13	12	8	15	9

during the last five years. This fact should not be interpreted as an indictment of the health care system, already overburdened in dealing with those who are beyond preventive measures. But it does show the need for new efforts to promote health. And Americans' declining interest in increasing preventive practices within the health care system should be a cause for concern among everyone interested in health.

TABLE 9-2

PERCENTAGE OF ADULTS WHO THINK THAT THE HEALTH CARE SYSTEM SHOULD GIVE MORE EMPHASIS TO PREVENTION, 1983-1987

	Percentage of Total Adults Who Say More Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1253	52	1250	45	-7
Region					
East	321	53	313	46	-7
Midwest	324	50	311	50	0
South	376	47	386	40	-7
West	233	62	240	44	-18
Urbanism					
Central city	385	54	379	43	-11
Rest of metropolitan area	562	53	572	45	-8
Outside metropolitan area	307	47	299	46	-1
Sex					
Men	608	55	598	46	-9
Women	646	49	652	43	-6
Race					
White	1049	53	1011	45	-8
Black	118	45	95	42	-3
Hispanic	87	42	92	48	+6
Age					
18-29 years	340	51	318	44	-7
30-39 years	285	58	299	46	-12
40-49 years	216	56	175	54	-2
50-64 years	215	52	238	45	-7
65 and over	194	42	211	37	-5
Education					
Not high school graduate	215	33	201	34	+1
High school graduate	433	51	442	39	-12
Some college	312	58	294	53	-5
Four-year college graduate	291	63	309	52	-11
Household Income					
$7,500 or less	137	42	123	36	-6
$7,501-$15,000	230	47	147	43	-4
$15,001-$25,000	287	52	275	43	-9
$25,001-$35,000	226	61	222	47	-14
$35,001-$50,000	128	64	206	51	-13
$50,001-and over	108	60	157	56	-4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	45	498	39	-6
Clerical, sales	148	58	186	47	-11
Professional, manager, or proprietor	424	59	442	53	-6

SECTION TEN

AIDS: ATTITUDES AND BEHAVIORS

In the past two years, the number of people who think AIDS will become a major epidemic has almost doubled. And more and more Americans think that they, themselves, run the risk of catching AIDS.

AIDS (Acquired Immune Deficiency Syndrome) is currently, and will continue to be, one of the most critical health care topics of the late 20th century. At the current time, more than 50,000 Americans have this disease, and it is estimated that by the year 1991 this figure will have risen to 270,000.

Although the disease has already reached epidemic proportions among the homosexual and I.V. drug using communities, most Americans feel that five years from now AIDS will not be a major epidemic. Concern is rising, however. In the two years between 1985 (the first year AIDS questions were asked) and 1987, the number of people who think AIDS will become a major epidemic has almost doubled, from 14% to 27%.

While only a minority feel that AIDS will be a major epidemic five years from now, the vast majority, almost seven out of ten Americans, think that it will be a growing health problem.

Table 10-1

TREND IN VIEWS ON AIDS

Q: Do you think five years from now that AIDS will be under control, or that it will be a growing problem, or that it will be a major epidemic?

Q: Do you think that *you* run any risk of catching AIDS, or not?

Q: Do you take any special steps or precautions to avoid catching AIDS, or not?

Base	**1985 Survey** 1256 %	**1987 Survey** 1250 %	**Percentage Point Change From 1985 to 1987**
Spread of AIDS in five years			
Will be under control	47	31	-16
Will be a growing problem	32	35	+3
Will be a major epidemic	14	27	+13
Not Sure	7	7	0
Personal risk of catching AIDS			
Yes, run risk	10	16	+6
No	87	82	-5
Not sure	3	2	-1
Take steps to avoid AIDS			
Yes, take steps	41	49	+8
No, do not	57	50	-7
Not sure	2	1	-1

This figure has increased by 16% in the last two years.

Given the rising concern about AIDS as a potential epidemic and a growing health problem, it is not surprising that more and more Americans think that they, themselves, run the risk of catching AIDS. Sixteen percent of adults in America currently believe that they run the risk of catching AIDS, an increase of 6% during the last two years.

With the concern about the personal risk of catching AIDS on the rise, it is not surprising to find that more and more people are taking special steps or precautions to avoid catching AIDS. In 1987, 49% of those questioned indicated that they did so, an increase of 8% since 1985.

Regionally, the increase in the proportion of people who say they are taking special steps or precautions to avoid AIDS is not equally distributed, but rather ranges from a high of 55% in the Southern part of the country to a low of 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years as compared to the South, which registered a 13% increase.

Not surprisingly, taking precautions against AIDS declines with age and sexual activity. Only 31% of those 65 years of age and older indicated that they took precautions, compared to 61% of those 18 to 29 years of age.

Although the same proportion of men and women are taking precautions against AIDS, there are differences among the major ethnic groups. In 1987, 47% of the Whites indicated that they were taking precautions against catching AIDS, compared to 59% of the Blacks and 57% of the Hispanic respondents. Although fewer Whites are taking precautions than those in minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics. In fact, minority groups show a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.

Table 10-2

PERCENTAGE OF ADULTS WHO TAKE SPECIAL STEPS TO AVOID CATCHING AIDS, 1985-1987

	Adults Who Take Special Steps				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	41	1250	49	+8
Region					
East	313	43	313	44	+1
Midwest	311	37	311	46	+9
South	388	42	386	55	+13
West	244	40	240	49	+9
Urbanism					
Central city	381	44	379	54	+10
Rest of metropolitan area	577	39	572	47	+8
Outside metropolitan area	298	40	299	47	+7
Sex					
Men	616	42	598	50	+8
Women	640	40	652	48	+8
Race					
White	1050	37	1011	47	+10
Black	110	61	95	59	-2
Hispanic	55	58	92	57	-1
Age					
18-29 years	320	52	318	61	+9
30-39 years	335	44	299	53	+9
40-49 years	192	42	175	48	+6
50-64 years	253	34	238	40	+6
65 and over	155	24	211	31	+7
Education					
Not high school graduate	182	37	201	41	+4
High school graduate	448	42	442	49	+7
Some college	317	45	294	55	+10
Four-year college graduate	308	37	309	48	+11
Household Income					
$7,500 or less	106	45	123	45	0
$7,501-$15,000	188	40	147	52	+12
$15,001-$25,000	272	45	275	48	+3
$25,001-$35,000	264	41	222	54	+13
$35,000-$50,000	189	37	206	43	+6
$50,001 and over	145	37	157	52	+15
Usual Occupation of Head of Household					
Blue-collar labor, service	488	43	498	49	+6
Clerical, sales	221	41	186	49	+8
Professional, manager, or proprietor	449	38	442	50	+12

APPENDIX

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

The Prevention Index is developed from information collected by Louis Harris and Associates, Inc. in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,250 adults in the continental United States 18 years of age and older.
2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.

Twenty-one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:

1. A documented relationship between the health behavior and disease or disability as published in the professional literature.
2. Behaviors that are relevant to the entire adult population
3. Behaviors that can be controlled or affected by individuals (therefore, the exclusion of important environmental determinants of health such as exposure to air pollution or industrial toxins).

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for example, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations.

For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or of trying a lot (restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;
2. Adding the 21 products together;
3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available through the Prevention Research Center.

A NOTE ON SURVEY METHOD

The 1987 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 11 to November 25, 1987. The overall completion rate for this survey was 71% of eligible households reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in the appendix to the complete report.

The 1987, 1986, 1985, 1984 and

1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for subgroup variations in telephone penetration and non-response rates.

SUMMARY OF BEHAVIOR ON TWENTY-FOUR FACTORS THAT APPLY TO ADULTS, 1983-1984-1985-1986-1987

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	1987 Survey %	Percentage Point Change From 1983 to 1987
Nonsmoking and Restricted Use of Alcohol						
Do not smoke cigarettes	70	72	70	72	72	+2
Drink alcohol moderately	54	57	55	56	50	-4*
(Do not drink at all)	(34)	(30)	(33)	(32)	(36)	(+2)
Exercise and Weight Control						
Get strenuous exercise three or more days a week	33	33	30	33	35	+2
Are within the weight range recommended for their height, build, and sex	23	23	21	23	24	+1
Diet and Nutrition						
Try a lot to get enough vitamins and minerals	63	57	63	63	59	-4*
Try a lot to eat fiber	59	58	59	59	60	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	-1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	+1
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	-2
Try a lot to get enough calcium	50	45	57	57	54	+4*
Try a lot to avoid eating too much high-cholesterol foods	42	43	42	46	42	0
Control of Stress						
Socialize with friends or relatives once a week or more	84	85	85	81	83	-1
Get seven or eight hours sleep most nights	64	63	64	65	61	-3
Take specific steps to control or reduce stress	59	70	69	64	68	+9*
Periodic Examinations and Tests						
Have a blood pressure reading at least once a year	83	86	86	85	84	+1
Have a dental checkup at least once a year	71	73	74	76	75	+4*
Women who have a Pap smear test every one or two years	75	77	78	80	75	0
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	+5*
Safety Precautions						
Say that no one in their home smokes in bed	88	89	91	91	92	+4*
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	+9*
Say they have a smoke detector in their home	67	74	76	77	82	+15*
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	-6*
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	76	+8*
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	57	+38*

**Shifts designated with an asterisk are statistically significant of the .05 level. In only 5 polls out of 100 could a shift this large happen by chance.*

Additional reports available:

The Prevention Index: A Report Card on the Nation's Health, technical report.

Prevention In America: Steps People Take — or Fail to Take — for Better Health, 1983 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America: The Experts Rate 65 Steps to Better Health, 1983 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 2: Steps People Take — or Fail to Take — For Better Health, 1984 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 3: Steps People Take — or Fail to Take — For Better Health, 1985 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 4: Steps People Take — or Fail to Take — For Better Health, 1986 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 5: Steps People Take — or Fail to Take — For Better Health, 1987 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

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Your Personal Prevention Profile

The Prevention Index takes stock of a nation's health, but you can also score your own prevention profile by taking the test below.

Please carefully check "YES" or "NO" to each of the following questions.	**YES**	**NO**
1. Do you have a blood pressure reading at least once a year?	☐	☐
2. Do you go to the dentist at least once a year for treatment or a checkup?	☐	☐
Thinking about your personal diet and nutrition, do you try a lot to . . .		
3. Avoid eating too much salt or sodium?	☐	☐
4. Avoid eating too much fat?	☐	☐
5. Eat enough fiber from whole grains, cereals, fruits, and vegetables?	☐	☐
6. Avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats?	☐	☐
7. Get enough vitamins and minerals in foods or in supplements?	☐	☐
8. Avoid getting too much sugar and sweet food?	☐	☐
9. Is your body weight within the recommended range for your sex, height, and bone structure?	☐	☐
10. Do you exercise strenuously (that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes) three days or more a week?	☐	☐
11. Do you smoke cigarettes now?	☐	☐
12. Do you consciously take steps to control or reduce stress in your life?	☐	☐
13. Do you usually sleep a total of 7 to 8 hours during each 24-hour day? (if you usually sleep either more or less than this, please mark "no".)	☐	☐
14. Do you socialize with close friends, relatives or neighbors at least once a week?	☐	☐
15. In general, when you drink alcoholic beverages, do you consume less than 14 drinks* per week and less than five on any single day? (Mark "yes" only if the answer to both parts of this question is "yes". If you never drink at all, also mark "yes")	☐	☐
16. Do you wear a seat belt all the time when you are in the front seat of a car?	☐	☐
17. Do you drive at or below the speed limit all the time? (If you don't drive, please mark "yes".)	☐	☐
18. Do you ever drive after drinking (If you don't drive or if you don't drink, please mark "no".)	☐	☐
19. Do you have a smoke detector in your home?	☐	☐
20. Does anyone in your household smoke in bed?	☐	☐
21. Do you take any special steps or precautions to avoid accidents in and around your home?	☐	☐

*By a "drink", we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

The correct answer for questions 11, 18 and 20 is "no". The correct answer for all the other questions is "yes". Add up your total number of correct responses. Then, divide that number by 21, which tells you the percentage of the 21 Prevention Index behaviors that you practice.

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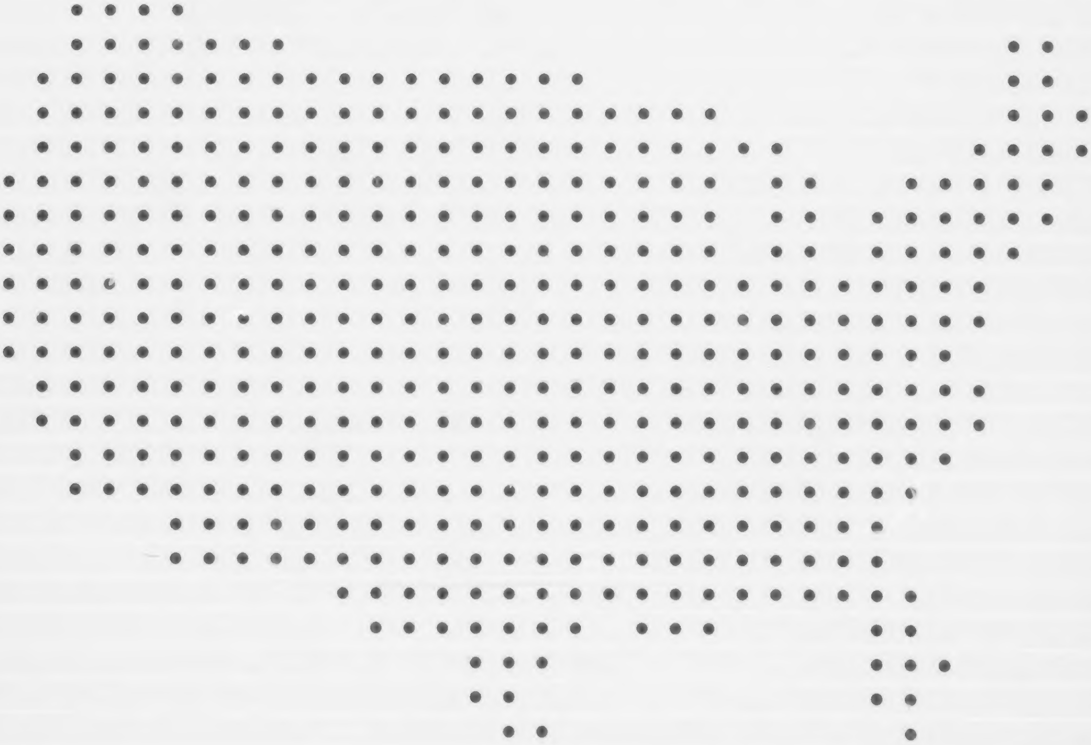
PREVENTION IN AMERICA 6:

Steps People Take—or Fail to Take—For Better Health

Conducted for **Prevention**® Magazine



A Survey by Louis Harris and Associates, Inc.

Study No. 884019

PREVENTION IN AMERICA VI: STEPS PEOPLE TAKE -- OR FAIL TO TAKE -- FOR BETTER HEALTH

Conducted for:

Prevention Magazine

Fieldwork:

November 1988

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INTRODUCTION

This sixth annual nationwide survey of the American public was commissioned by Prevention Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

In order to discover which health and safety habits Americans are practicing, Louis Harris and Associate interviewed 1,250 randomly selected adults across the country by telephone, from November 9 through November 23, 1988. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the six annual surveys.

The findings from the 1988 survey, when compared to the results of the surveys from 1983 through 1987, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1988 survey also undertakes three special tasks. First, it examines measures people take to lose weight, by asking questions on specific practices and by comparing responses of those who have tried to lose weight and those who have not. Second, it looks at knowledge and motivation of Americans with respect to prevention. Third, it examines external influences on prevention behavior, such as insurance discounts for health habits and employer assistance in staying healthy. The detailed survey methodology and a copy of the questionnaire are included as an appendix to this report.

Accuracy, Sampling Error, and Other Sources of Error

All surveys are subject to a variety of sources of error, and it is fashionable for the media to include in their reports of surveys such phrases as "This survey has a margin of +/- 3%." Unfortunately, this valiant attempt to educate readers is more likely to mislead them. Even a census is susceptible to several different sources of error, most of which cannot be accurately estimated.

Even the best designed surveys are liable to several possible sources of error. The most important are:

- Non-response (if those who are interviewed differ from those who are not interviewed).
- Random or sampling error, which may in theory be substantial, even on very large surveys. Contrary to the impression given by the typical media caveat there is no way to calculate the maximum possible error for any survey. All we deal in are probabilities.
- Question wording, particularly where the survey is measuring an attitude or a future intention and not a "fact". Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Even in the best survey organizations, human errors can creep in which are virtually impossible to quantify. Such human errors include less than perfect interviewing and inappropriate weighting of the data. Fortunately, nobody believes that polls are infallible, and there is certainly nothing wrong with the media reminding their readers and viewers of our fallibility.

The results of this survey, therefore, like the results of all surveys and all censuses, are susceptible to a variety of sources of error, some of which cannot be quantified. However, the results presented in this report do reflect the most reliable information available.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

Project Responsibility and Acknowledgments

The chief analyst of this project was Xiaoyan Zhao, Ph.D., Research Associate. She worked under the supervision of Humphrey Taylor, President, and Louis Genevie, Ph.D., Vice President.

Louis Harris and Associates would like to thank Prevention magazine for commissioning this research. We would in particular like to thank Robert Rodale, editor of Prevention, Sanford Beldon, Prevention's publisher, and Tom Dybdahl, who manages the project for Prevention, for their continued support.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation of the report.

EXECUTIVE SUMMARY

Many Americans have made progress in practicing preventive health habits in the 1980's. Of the twenty-four behavior items the Prevention survey series measures, the average adult American practices approximately two thirds. The oldest group of Americans is the most likely, and the youngest group the least likely, to practice more than three quarters of the preventive habits. Signs of improvement and decline in individual habits are reported below.

Nonsmoking, and Restricted Use of Alcohol and Drugs

1. The proportion of adults who say they smoke cigarettes has fallen to 26%. This is the lowest smoking rate ever registered in a Harris survey to measure this trend. By approximately 15 percentage points, the average smoking rate in the 1980's is lower than that of the early 1970's. The rate in 1988 shows a statistically significant decrease since 1983 when the smoking rate was 30%.

2. Eleven percent of adults are heavy drinkers of alcohol, i.e., they drink four or more alcoholic beverages on days when they drink. This rate has changed little since 1983. However, 39% of adults say they never consume alcohol. This is an increase of 5 percentage points from 1983 and an increase of 3 percentage points from 1987. Fifty percent of adults are moderate drinkers, i.e., they do not exceed three drinks on days when they drink.

- The least advantaged educational, income, and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol while the most advantaged social groups have a strong tendency to be moderate drinkers.

3. Five percent of adults admit they use drugs. This is a decrease of 4 percentage points from 1984 when the question was first asked.

- The biggest drop is among young adults; in 1984 two out of ten people under 30 said they used drugs; in 1988 only one out of ten say they use drugs.

Feelings of Stress

4. The experience of stress in American society appears to be on the rise. In 1983, 55% of adults reported feeling under great stress at least once a week. This proportion has risen to 63% in 1988.

- Eighteen percent of adult Americans say they feel under great stress almost everyday, 15% feel it several days a week, and another 30% at least once a week.

- Those with the lowest and highest household income are the most likely to feel under great stress at least several days a week.

5. Those feeling under great stress at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who feels under stress at least several days a week does not take steps to reduce stress.

- Those under stress frequently are less likely to sleep seven or eight hours a day and less likely to socialize at least once a week, compared to those feeling stress less frequently.

Weight Control

6. This year's survey has found the largest proportion ever of overweight American adults (64%). The previous Prevention surveys reported the percentage of overweight Americans to be approximately 60%.

- Thirty-six percent of Americans are at least 10% over the weight range recommended for their height, body build, and sex -- up 6 percentage points from 1983 (30%) and 4 percentage points from 1987 (32%).

- Twenty-one percent of adults are within the proper weight range, a drop of 3 percentage points from 1987, and 2 percentage points from 1983. The proportion within the recommended weight range does not exceed 30% in any of the demographic subgroups.

- Only 15% of adults are underweight in 1988, compared to 19% in 1983.

7. Fully 20% of the adult population are overweight yet do not feel overweight.

8. Whereas 62% of those who feel overweight have tried to lose weight during the month prior to the survey, only 48% of those who are overweight have done so.

9. Majorities of those who have tried to lose weight have resorted to measures of gaining more self-control (77%), cutting down on sugar (75%), and cutting down on red meat (67%).

Diet and Nutrition

10. Progress has been made in avoiding a high-cholesterol diet. Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods, up six percentage points from 1983 and 1987.

- In addition, 48% of American households bought low-fat or low cholesterol food products during the month prior to the survey, up nine percentage points from 1987 and twelve percentage points from 1986.

11. But a decline in effort has occurred in at least four of the eleven diet and nutrition areas.

- The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points from 63% in 1983 to 57% in 1988.
- The proportion (48%) saying they "try a lot" to avoid eating too much salt and the proportion (47%) saying they "try a lot" to avoid eating too much sugar and sweet food are both lower in 1988 than those in 1983 and 1987.
- Only 28% of adults say they try a lot to eat fish twice a week, compared to 34% in 1985 when the question was first asked.

Exercise

12. The proportion of people who engage in strenuous exercise at least three times a week appears to have changed little in the past six years: 36% in 1988, compared to 34% in 1983, and 35% in 1987. About three out of ten Americans are still weekend athletes, i.e., they exercise strenuously only one day a week or less.

13. However, the proportion of American adults who walk for exercise frequently has increased.

- Over half (52%) say that they walked at least several times a week during the month prior to the survey, compared to 47% in 1987 and 49% in 1986.
- Among those who walk, the proportion usually walking more than a mile and the proportion walking more often than the year before have both increased over the years.

14. Factors which people say would help them become more involved in regular exercise include:

-- Doctor's recommendation (85%);

-- A need to lose weight (75%);

-- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);

-- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and

-- Friends' involvement in exercise (49%).

Safety Precautions

15. Sixty percent of adults say they wear seatbelts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey when only 19% reported wearing seatbelts all the time. Compared to the last Prevention survey in 1987, this figure reflects an increase of 3 percentage points.

- Sixty-three percent of adults living in states with seatbelt laws report seatbelt usage all the time, compared to 38% of adults in states without seatbelt laws.

- Thirteen percent of adults in the nation still say they never wear a seatbelt. This rate is 29% in states without seatbelt laws.

16. The level of seatbelt use is particularly important in light of the fact that 49% of drivers do not drive at or below the speed limit "all the time". This is a rise of 6 percentage points from 1983.

17. Sixty percent of adults say they never drive after drinking (another 18% say they do not drink). This 78% represents an increase of 10 percentage points over the level recorded in 1983 and an increase of 4 percentage points over 1987.

18. Eighty-one percent report they have smoke detectors at home, compared to 67% in 1983 and 82% in 1987. While the gaps between social groups in home smoke detector adoption had been considerably narrowed between 1983 and 1986, the gaps existent two years ago have not been reduced. Thirty-seven percent of Hispanics and 32% of those with less than a high school education still do not have smoke detectors in their homes -- the same as two years ago.

19. Ninety percent say that no one in their household smokes in bed, a stable trend since 1983.

Regular Medical Exams

20. The proportion of adults having a blood pressure reading at least once a year (83%), the proportion having a cholesterol test at least once a year (49%), and the proportion visiting a dentist at least once a year (71%) all represent little change since this series of surveys asked the questions.

21. But the proportions of women having regular Pap smear and breast self-exams have increased. Seventy-nine percent of adult women report having a

Pap smear to detect cancer at least every two years, compared to 75% in both 1983 and 1987. The proportion of women doing breast self-exams on a monthly basis has also increased over the years, to 51% in 1988 -- up 14 percentage points from 1983 and 9 percentage points from 1987.

External Influences on Better Health Habits

22. Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly. But 45% say their insurance does not have such a discount and fully 22% do not know if their insurance has this discount. Those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently, and to maintain desirable bodyweight, than those without the discount.

23. Of all the people currently employed, 24% say their employer provides some assistance to help them stay healthy such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly, than people without such assistance.

Knowledge and Motivation

24. This survey finds that many Americans, particularly those with lower levels of education, income, and occupation, are still not knowledgeable about what to do to stay healthy and are not motivated enough to practice health habits.

- Fifty-one percent of Americans feel that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat".
- Fifty-three percent agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it."

- About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy."

- Approximately half of adults (49%) say they would like to exercise and eat better, but just can not get themselves to do it.

Table S-1

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS (1983-1988)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	Percentage Point Change From 1983 to 1988	Percentage Point Change From 1987 to 1988
Base:	1254	1253	1256	1250	1250	1250		
	%	%	%	%	%	%		
Nonsmoking and Restricted Use of Alcohol								
Do not smoke cigarettes	70	72	70	72	72	74	+4	+2
Drink alcohol moderately	54	57	55	56	50	50	-4	0
(Drink alcohol moderately or do not drink at all)	88	87	88	88	86	89	+1	+3
Exercise and Weight Control								
Get strenuous exercise three or more days a week	34	33	31	33	35	36	+2	+1
Are within the weight range recommended for their height, build, and sex*	23	23	21	23	24	21	-2	-3
(Are not overweight)	42	41	38	41	40	36	-6	-4
Diet and Nutrition								
Try a lot to get enough vitamins and minerals	63	57	63	63	59	57	-6	-2
Try a lot to eat enough fiber	59	58	59	59	60	60	+1	0
Try a lot to avoid eating too much fat	53	59	56	56	54	54	+1	0
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	48	-5	-6
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	47	-4	-2
Try a lot to get enough calcium	50	45	57	57	54	53	+3	-1
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	48	+6	+6

(CONTINUED)

---

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988).

Table S-1 (CONTINUED)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS (1983-1988)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	Percentage Point Change From 1983 to 1988	Percentage Point Change From 1987 to 1988
Base:	1254	1253	1256	1250	1250	1250		
	%	%	%	%	%	%		
Control of Stress								
Socialize with friends or relatives once a week or more	84	85	85	81	83	84	0	+1
Get seven or eight hours sleep most nights	64	63	64	65	61	62	-2	+1
Take specific steps to control or reduce stress	59	70	69	64	68	69	+10	+1
Periodic Examinations And Tests								
Have a blood pressure reading at least once a year	82	85	87	84	84	83	+1	-1
Have a dental checkup at least once a year	71	73	74	76	75	71	0	-4
Women who have a Pap smear test every one or two years	75	77	78	80	75	79	+4	+4
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	51	+14	+9

(CONTINUED)

Table S-1 (CONTINUED)

TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983-1988)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	Percentage Point Change From 1983 to 1988	Percentage Point Change From 1987 to 1988
Base:	1254	1253	1256	1250	1250	1250		
	%	%	%	%	%	%		
Safety Precautions								
Say that no one in their home smokes in bed	88	89	91	91	92	90	+2	-2
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	82	+10	+1
Say they have a smoke detector in their home	67	74	76	77	82	81	+14	-1
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	51	-5	+1
Drivers who say they either never drive after drinking or don't drink at all	68	68	71	74	74	78	+10	+4
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	57	60	+41	+3

CHAPTER 1: TRENDS IN PREVENTIVE HEALTH HABITS

There have been signs of both improvement and decline in individual preventive health habits over the years, but the trend in overall prevention behavior in America has been stable.

Today, 24% of American adults practice more than three quarters of the preventive habits, 79% practice more than half, and 22% practice half or less. The average adult American practices approximately two thirds of all preventive habits. These figures have been stable since 1986 when the composite score of overall prevention behavior was first calculated (Table 1-1).

Demographic groups most likely to practice more than three quarters of all preventive habits include: those living in the Western region of the country, suburban residents, women, blacks, college graduates, people with the highest income, professionals, managers, and proprietors (Table 1-2).

It is worth noting that the oldest group (age 65 and over) is the most likely, and the youngest group (age 18-29) the least likely, to practice more than three quarters of the preventive habits.

Subjective Evaluation of Health and Preventive Habits

One out of four Americans describe his or her health as "excellent", one out of three as "very good", one out of four as "good", 12% as "fair", and 3% as "poor" (Table 1-3).

The practice of preventive health habits appears to be related to health status. Those who practice the most preventive health habits are more likely to be in excellent health than those who practice the fewest (34% vs. 17%).

This relationship between preventive health habits and health status holds true for both younger and older people. For people who are 50 or older, those who practice the most preventive habits are more likely to report "excellent" health than those who practice the fewest, by a margin of 8 percentage points. This margin increases to 26 percentage points for the group under 50 -- while 45% of those who practice preventive habits the most say they are in "excellent" health, only 19% of those who practice the fewest say the same.

> Observation:
>
> Undoubtedly, aging plays a strong role in the health status of older people. Even so, preventive health habits help older people fight off the effects of aging and feel healthier. For younger Americans whose health is less affected by biological factors, the effects of preventive habits on health are even stronger. The importance of prevention in the health of Americans, young and old alike, cannot be overemphasized.

Table 1-1

TRENDS IN THE TWENTY-FOUR PREVENTIVE HABITS (1986-1988)

	1986 Survey	1987 Survey	1988 Survey	Percentage Point Change from 1986 to 1988
Base	1250	1250	1250	
	%	%	%	
Preventive Habits				
Those who practice 76% to	23	23	24	+1
Those who practice 51% to 75%	56	57	55	-1
Those who practice 0% to 50%	21	20	22	+1
Average percent practiced	64	64	64	0

---

*See Table S-1 for the twenty-four items used.

Table 1-2

PERCENT OF PREVENTIVE HABITS PRACTICED BY VARIOUS DEMOGRAPHIC GROUPS

			Preventive Habits		
	Base		Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Total	1250	%	22	55	24
Region					
East	312	%	18	59	24
South	387	%	25	54	21
Midwest	311	%	25	53	22
West	240	%	18	53	29
Urbanism					
Central city	379	%	19	60	21
Rest of metropolitan area	572	%	20	54	26
Outside metropolitan area	299	%	28	50	22
Sex					
Male	598	%	27	56	17
Female	652	%	17	53	29
Race					
White	1059	%	21	55	24
Black	87	%	19	54	27
Hispanic	71	%	32	52	16
Age					
18-29 years	309	%	29	58	13
30-39 years	310	%	18	56	26
40-49 years	202	%	21	52	27
50-64 years	244	%	15	58	27
65 and over	171	%	23	47	30
Education					
Not high school graduate	179	%	30	56	14
High school graduate	438	%	26	52	21
Some college	309	%	18	60	22
Four-year college graduate	322	%	14	51	34
Household Income					
$7,500 or less	105	%	28	54	18
$7,501-$15,000	146	%	25	61	15
$15,001-$25,000	227	%	27	50	23
$25,001-$35,000	273	%	20	53	27
$35,001-$50,000	197	%	18	59	23
$50,001 and over	186	%	14	56	30
Occupation					
Blue-collar labor, service	319	%	34	52	14
Clerical, sales	185	%	23	57	20
Professional, manager, or proprietor	321	%	15	58	28

Q.1

Table 1-3

SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS

Q.: In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

		Preventive Habits		
	Total	Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Base	1250	262	682	306
	%	%	%	%
Health Status				
Excellent	25	17	24	34
Very good	34	32	36	31
Good	25	29	25	23
Fair	12	17	12	9
Poor	3	4	3	2

Table 1-4

Q.1

SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS FOR THOSE WHO ARE UNDER 50 AND THOSE WHO ARE 50 AND ABOVE

Q.: In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

	Under 50				50 and Above			
	Total	Those Who Practice 50% or Less	Those Who Practice 51%-75%	Those Who Practice 76% or More	Total	Those Who Practice 50% or Less	Those Who Practice 51%-75%	Those Who Practice 76% or More
Base	821 %	189 %	457 %	175 %	415 %	70 %	219 %	126 %
Health Status								
Excellent	29	19	27	45	17	12	17	20
Very good	36	38	39	28	30	18	31	35
Good	25	28	25	20	26	31	24	27
Fair	8	13	8	6	19	26	19	14
Poor	1	1	1	1	7	12	7	4

CHAPTER 2: BODY WEIGHT AND WEIGHT CONTROL PRACTICES

Weight Control Problem

Weight control is an increasing problem for American adults. This year's survey has found the largest proportion ever of overweight American adults. Whereas the previous Prevention/Harris surveys reported the percentage of overweight Americans to be approximately 60%, this figure is up to 64% in the 1988 survey (Table 2-1). Thirty-six percent of Americans are at least 10% over the weight range recommended for their height, body build, and sex -- up 6 percentage points from 1983 (30%) and 4 percentage points from 1987 (32%).

Table 2-1 shows that 21% of adults are within the weight range, a drop of 3 percentage points from 1987, and 2 percentage points from 1983. There has also been a steady decline in the proportion of underweight Americans since this series of surveys started in 1983. Only 15% of adults are underweight in 1988, compared to 19% in 1983.

Among those who are more likely to keep their weight within the recommended range are people in the East and West, suburban residents, people in their 30's and 40's, college graduates, and those who practice more than three quarters of all preventive habits (Table 2-2). However, the proportion within the recommended weight range does not exceed 30% in any of the demographic subgroups, suggesting the pervasiveness of the weight control problem in the country.

Feeling Overweight and Trying to Lose Weight

Weight control becomes more problematic when those who are overweight do not feel overweight. Table 2-3 shows that fully 20% of the adult population falls into this category. (On the other hand, 16% of the population is underweight yet feels that they are about the right weight or even overweight.)

Recognition that one is overweight appears to be an important step toward trying to lose weight. Whereas 62% of those who feel overweight have tried to lose weight during the month prior to the survey, only 48% of those who are overweight have done so (Table 2-4).

On average, 47% of adult Americans say that they have lost at least ten pounds or more while dieting (Table 2-5) and 57% of those who had lost weight were able to keep off all or most of the weight. However, 48% of these people still feel overweight and 63% are still actually overweight (Table 2-6).

Observation:

> Losing weight is a demanding task for those who are 10% or more above the desirable range. A recent Weight Watchers International survey revealed that dieters want to lose an average of 29 pounds*. The current survey shows that many people are still overweight even when they have lost at least ten pounds.

Weight Control Practices

A considerable proportion of adults report using various weight control practices during the month prior to the survey (Table 2-7):

-- Trying to gain more self-control (60%);

-- Cutting down on sugar (58%);

-- Cutting down on red meat (49%); and

-- Drinking diet soft drinks instead of regular soft drinks (37%).

By at least 19 percentage points, those who have tried to lose weight during the month are more likely to report the above measures than those who have not tried to lose weight. Those who have tried to lose weight during the month prior to the survey also report starting a number of other weight control practices:

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*Source: USA Today, 1/11/1989.

-- Joining a health club or exercise class (15%);

-- Buying a diet book (12%);

-- Going to a weight-watching program (8%);

-- Fasting for at least 3 days at a time (6%);

-- Taking non-prescription diet pills (5%) and prescription diet pills (3%).

On average, slightly more than one out of four people report having cut down on alcohol, or starting strenuous exercise.

Table 2-1

Q.6,7,8

PERCENT OF ADULTS WHO ARE OVERWEIGHT, WITHIN THE RECOMMENDED WEIGHT RANGE, AND UNDERWEIGHT*

Base: Age 25 and older and classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey
Base	995	995	1061	1008
	%	%	%	%
Overweight				
Total	58	62	59	64
30% or more above range	6	8	7	8
20-29.9% above range	9	7	8	10
10-19.9% above range	15	14	17	18
5-9.9% above range	13	16	14	15
Up to 4.9% above range	16	16	13	14
Within Recommended Range	23	21	24	21
Underweight				
Total	19	17	16	15
Up to 4.9% below range	9	9	8	8
5-9.9% below range	6	4	5	5
10% or more below range	4	4	3	2

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*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988).

Q.6,7,8

Table 2-2

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE

Base: Age 25 and Older and Classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Base		Weight Within Recommended Range
Total	1031	%	21
Region			
East	258	%	27
South	315	%	17
Midwest	258	%	16
West	200	%	26
Urbanism			
Central city	307	%	18
Rest of metropolitan area	479	%	25
Outside metropolitan area	245	%	17
Sex			
Male	476	%	20
Female	555	%	22
Race			
White	898	%	22
Black	64	%	16**
Hispanic	47	%	22**
Age			
18-29 years	161	%	22
30-39 years	287	%	27
40-49 years	190	%	24
50-64 years	234	%	15
65 and over	159	%	15
Education			
Not high school graduate	143	%	16
High school graduate	358	%	18
Some college	249	%	20
Four-year college graduate	280	%	28

(CONTINUED)

Table 2-2 (CONTINUED)

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITH RECOMMENDED RANGE

Base: Age 25 and older and classifiable

	Base		Weight Within Recommended Range
Total	1031	%	21
Household Income			
$7,500 or less	67	%	19**
$7,501-$15,000	116	%	9
$15,001-$25,000	194	%	22
$25,001-$35,000	231	%	20
$35,001-$50,000	171	%	23
$50,001 and over	161	%	29
Occupation			
Blue-collar labor, service	249	%	18
Clerical, sales	146	%	29
Professional, manager or proprietor	290	%	25
Self-Described Health Status			
Excellent	257	%	27
Very good or good	611	%	21
Fair or poor	160	%	14
Preventive Habits			
Those who practice 76% to 100%	278	%	29
Those who practice 51% to 75%	556	%	19
Those who practice 0% to 50%	197	%	15

**Caution due to small base.

Q.28

Table 2-3

SELF-PERCEPTION OF BODY WEIGHT BY BODY WEIGHT INDEX

Q.: Right now, do you feel that you are overweight, underweight, or at about the right weight for you?

		Body Weight Index		
	Total	Over-Weight	Within Range	Under Weight
Base	1250	692	251	230
	%	%	%	%
Self-Perception of Body Weight				
Feel overweight	45	65 (36)	22 (14)	8 (2)
Feel at about the right weight	50	34 (19)	74 (15)	74 (14)
Feel underweight	5	1 (1)	4 (1)	18 (3)

Note: Numbers in parentheses are percentages based on the entire sample.

Q.29

Table 2-4

PERCENT OF ADULTS HAVING TRIED TO LOSE WEIGHT DURING THE PAST MONTH BY BODY WEIGHT AND SELF-PERCEPTION OF BODY WEIGHT

Q.: During the past month, have you tried to lose any weight, or not?

	Total	Those Who Are Overweight	Those Who Feel Overweight
Base:	1250	692	575
	%	%	%
Yes, tried	37	48	62
No, did not try	63	52	38

Q.30a

Table 2-5

PERCENT OF ADULTS HAVING LOST AT LEAST TEN POUNDS WHILE DIETING BY BODY WEIGHT AND SELF-PERCEPTION OF BODY WEIGHT

Q.: Have you ever lost at least ten pounds or more while dieting?

	Total	Those Who Are Overweight	Those Who Feel Overweight
Base:	1250	692	57
	%	%	%
Yes, have	47	58	67
No, have not	52	42	33

Q.30b

Table 2-6

PERCENT OF ADULTS WHO WERE ABLE TO KEEP THE WEIGHT OFF AFTER HAVING LOST IT

Q.: Were you able to keep all or most of the weight off permanently?

	Total	Those Who Are Overweight	Those Who Feel Overweight
Base:	605	403	388
	%	%	%
Yes, was able	57	48	43
No, was not able	42	51	56

Note: Of those who were able to keep all or most of the weight off, 48% still feel overweight and 63% are still overweight.

Q.29,31

Table 2-7

PERCENT OF ADULTS WHO WERE ENGAGED IN WEIGHT CONTROL PRACTICES DURING THE PAST MONTH BY WEIGHT CONTROL EFFORTS DURING THE PAST MONTH

Q.: During the past month, have you tried to lose any weight, or not?

Q.: Here's a list of things that people have told us that they have done in order to stay healthy. As I read down the list, tell me if you've done any of the these things in the past month, or not?

	Total	Those Who Have Tried to Lose Weight	Those Who Have Not Tried to Lose Weight
Base	1250	459	787
	%	%	%
Tried to do things to relieve stress and boredom	71	79	66
Tried to gain more self-control	60	77	51
Cut down on sugar	58	75	47
Cut down on red meat	49	67	38
Drunk diet soft drinks instead of regular soft drinks	37	49	30
Socialized more often	29	35	25
Started to exercise strenuously	29	37	25
Cut down on alcohol	27	37	22
Socialized less often	18	20	17
Joined a health club or exercise class	11	15	9
Bought a diet book	7	12	4
Fasted for at least 3 days at a time	4	6	2
Gone to Weight Watchers, Overeaters Anonymous, or a similar program	4	8	1
Taken non-prescription diet pills	3	5	1
Taken prescription diet pills	2	3	1

CHAPTER 3: EXERCISE AND WEIGHT CONTROL

Trends in Walking and Strenuous Exercise

As the percentage of overweight people increased during the past few years, the proportion of American adults who walk for exercise frequently also increased. Over half (52%) say that they walked at least several times a week during the month prior to the survey, compared to 47% in 1987 and 49% in 1986 (Table 3-1). Among those who walk, the proportion usually walking more than a mile and the proportion walking more often than the year before have both increased over the years (Table 3-2).

On the other hand, the proportion of people who engage in strenuous exercise frequently appears to be relatively stable: 36% in 1988, compared to 34% in 1983, and 35% in 1987 (Table 3-3). About three out of ten Americans are still weekend athletes, i.e., they exercise strenuously only one day a week or less.

Walking and Strenuous Exercise by Adults

The groups most likely to get frequent strenuous exercise include: men, younger people, those who are better educated, those in households with incomes over $50,000 and those describing their health as excellent. People in the West are also more likely to exercise strenuously than the rest of the nation.

The demographic patterns in the case of strenuous exercise are not necessarily true in the case of walking. People who are 65 and older and people in households with the lowest income are actually the most likely to walk several times a week or more. Women are also slightly more likely than men to walk for exercise several times a week or more.

Relationship between Exercise and Weight Control

As a cross-sectional survey, this study is not designed to answer questions of causality. It is commonly assumed, however, that exercise leads to fitness and desirable bodyweight. This survey finds that people who get strenuous exercise three days a week are less likely to be overweight than those who do not (53% vs. 57%) (Table 3-4). But one might have expected a larger margin of difference than four points.

Being overweight or feeling overweight does not appear to be a motivation to walk more frequently. Similar proportions of people report walking several times a week or more across the three groups who are underweight, overweight, or within the weight range (Table 3-5). Those who are overweight are less likely to get frequent strenuous exercise than those who are within the recommended weight range.

Motivators for Regular Exercise

Factors which would help people become more involved in regular exercise include:

-- Doctor's recommendation (85%);

-- A need to lose weight (75%);

-- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);

-- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and

-- Friends' involvement in exercise (49%) (Table 3-6).

Observation:

Although most people say that they would get involved in regular exercise if they need to lose weight, it does not necessarily mean that they will actually do it. About half of those feeling overweight do not walk for exercise frequently, and two out of three do not exercise strenuously on a regular basis. In these cases, external factors such as doctors' recommendations and support and encouragement from workplace and friends will fare better as motivators.

Q.33a, 33b

Table 3-1

FREQUENCY OF WALKING AS EXERCISE

Q.: During the past month, have you done any walking as exercise?

Q.: How often did you walk for exercise in the past month?

	1986 Survey		1987 Survey		1988 Survey	
Base:	1250		1250		1250	
	%		%		%	
No, have not walked	31		35		32	
Yes, have walked	69		65		68	
Once in the past month	2		2		1	
2 to 3 times in the past month	8		7		5	
Weekly	9		10		10	
Several times a week	21	49	22	47	25	52
Daily	28		25		27	

Q.33c, Q.33d

Table 3-2

CHANGE IN FREQUENCY OF WALKING AND DISTANCE WALKED

Base: Those who walk for exercise

Q.: Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

Q.: When you walk for exercise, do you usually walk more than a mile or less than a mile?

	1986 Survey	1987 Survey	1988 Survey
Base:	857	794	846
	%	%	%
Change From Year Before			
More often	29	30	32
About the same	54	53	46
Less often	16	17	20
Usual Distance Walked			
More than a mile	52	55	61
Less than a mile	33	30	27
Exactly one mile	14	14	11

Q.10

Table 3-3

FREQUENCY OF STRENUOUS EXERCISE

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	1983 Survey		1985 Survey		1987 Survey		1988 Survey	
Base:	1254		1256		1250		1250	
	%		%		%		%	
Never	24		21		24		19	
Less than 1 day month	6		8		6		6	
1 to 3 days a month	9		13		10		11	
1 day a week	13		16		14		13	
2 days a week	12		11		11		13	
3 days a week	13		13		15		15	
4 to 5 days week	9	34	10	31	11	35	12	36
6 to 7 days a week	12		8		9		9	

Q.10

Table 3-4

BODYWEIGHT INDEX BY STRENUOUS EXERCISE BEHAVIOR

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Total	Exercise Strenuously Three Times Per Week Or More	Do Not Exercise Strenuously Three Times Per Week Or More
Base:	1250	453	786
	%	%	%
Bodyweight Index			
Underweight	19	17	20
Within range	19	22	18
Overweight	55	53	57

Q.33b, 10

Table 3-5

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO HAVE WALKED SEVERAL TIMES A WEEK AS EXERCISE AND THOSE WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

Q.: How often did you walk for exercise in the past month?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Base		Walked Several Times a Week Or More	Exercise Strenuously Three Times Per Week Or More
Total	1250	%	52	36
Region				
East	312	%	55	34
South	311	%	48	36
Midwest	387	%	50	36
West	240	%	55	40
Urbanism				
Central city	379	%	55	37
Rest of metropolitan area	572	%	49	33
Outside metropolitan area	299	%	50	41
Sex				
Male	598	%	50	42
Female	652	%	53	31
Race				
White	1059	%	50	36
Black	87	%	53	38
Hispanic	71	%	66	39
Age				
18-29 years	309	%	48	41
30-39 years	310	%	53	43
40-49 years	202	%	46	37
50-64 years	244	%	53	30
65 and over	171	%	56	25
Education				
Not high school graduate	179	%	52	32
High school graduate	438	%	51	36
Some college	309	%	53	38
Four-year college graduate	322	%	50	38

(CONTINUED)

Q.33b, 10

Table 3-5 (CONTINUED)

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO HAVE WALKED SEVERAL TIMES A WEEK AS EXERCISE AND THOSE WHO EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

	Base		Walked Several Time a Week Or More	Exercise Strenuously Three Times Per Week Or More
Total	1250	%	52	36
Household Income				
$7,500 or less	105	%	61	36
$7,501-$15,000	146	%	53	28
$15,001-$25,000	227	%	51	37
$25,001-$35,000	273	%	50	36
$35,001-$50,000	197	%	51	36
$50,001 and over	186	%	51	46
Occupation				
Blue-collar labor, service	319	%	52	40
Clerical, sales	185	%	51	32
Professional, manager, or proprietor	321	%	45	39
Self-described Health Status				
Excellent	316	%	56	44
Very good or good	745	%	49	35
Fair or poor	186	%	53	29
Body Weight Index				
Underweight	230	%	51	33
Within range	251	%	52	41
Overweight	692	%	51	34
Self-perception of Body Weight				
Feel underweight	59	%	50	32
Feel about right	616	%	53	38
Feel overweight	575	%	50	34

Q.11

Table 3-6

PERCENT WHO SAY VARIOUS FACTORS WOULD HELP THEM GET MORE INVOLVED IN REGULAR EXERCISE

Base: Those who do not exercise strenuously at least three times a week

Q.: I'm going to read a list of factors some people have told us would increase their chances of becoming involved in regular exercise. For each one I read tell me whether it would help you become more involved, or not.

		Age		Those
	Total	Under 50	50 or Older	Feeling Overweight
Base	786	487	288	
	%	%	%	%
If you needed to lose weight	75	82	64	79
Greater availability of exercise facilities	51	59	40	55
More flexible scheduling of your work day	53	65	34	54
If your doctor recommended it	85	88	80	83
If your friends began doing it	49	57	36	51
Less expensive exercise facilities	56	65	41	61
If a fitness program were begun at work	55	70	32	59

CHAPTER 4: NUTRITION, EXERCISE, AND WEIGHT CONTROL

Diet and Nutrition

Only a small portion of adult Americans are highly conscious of all aspects of diet and nutrition. Seventeen percent of adults report "trying a lot" in eight or more of the eleven key diet and nutrition areas (Table 4-1). About one out of four say they "try a lot" in only two or fewer of these areas.

Majorities do report that they "try a lot" in regard to five diet and nutrition practices. These include: eating vegetables in the cabbage family (60%), eating enough fiber (60%), getting enough vitamins and minerals (57%), avoiding eating too much fat (54%), and getting enough calcium (53%).

Areas of least effort include eating fish twice a week (28%), avoiding caffeine (33%), and avoiding foods containing additives (35%).

Trends over time are fairly stable for most of the diet and nutrition aspects of this series of surveys.

One area of significant gain concerns cholesterol. Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods such as eggs, dairy products, and fatty meat, up six percentage points from 1983 and 1987. In addition, 48% of American households bought low-fat or low cholesterol food products during the month prior to the survey, up nine percentage points from 1987 and twelve percentage points from 1986 when the question was first asked (Table 4-2).

A decline in effort has occurred, however, in four of the eleven nutrition areas measured. The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points from 63% in 1983 to 57% in 1988. The proportion saying they "try a lot" to avoid eating too much salt and the proportion saying they "try a lot" to avoid eating too much sugar and sweet food are both lower in 1988 than in 1983 and 1987. Another change is that only 28% of adults say they try a lot to eat fish twice a week, compared to 34% in 1985 when the question was first asked.

> Observation:
>
> It is difficult to conclude why changes have occurred in the above areas. One can only make inferences based on concurrent events related to these issues. For example, the media coverage of ocean dumping and pollution could have produced a cautious reaction to fish consumption. Increased attention to the danger of high cholesterol in the American diet could have increased the avoidance of cholesterol.

Nutrition and Weight Control

Controlling one's weight is one motivation for eating right. As Table 4-3 shows, those who have tried to lose weight are more likely than those who have not to "try a lot" to follow current guidelines for weight control:

-- Avoiding too many high-cholesterol foods (56% vs. 43%);

-- Avoiding too much salt or sodium (55% vs. 43%); and

-- Avoiding too much fat (60% vs. 51%).

Those who have tried to lose weight are also more likely to "try a lot" to avoid eating too much sugar and sweet food (51% vs. 45%). But one might have expected more than 51% of the weight watchers to "try a lot" to avoid excessive sugar, given how much excessive sugar consumption can contribute to the overweight problem.

Nutrition and Exercise

As discussed in Chapter 3, 36% of adult Americans report getting strenuous exercise regularly (at least three times a week). Are the same people also nutrition-conscious? In other words, are exercise and nutrition habits related or independent of each other?

Only a small proportion (7%) of the population get strenuous exercise regularly and score high on the nutrition index, i.e., to "try a lot" in at least eight of the eleven nutrition areas (Table 4-4). Twenty-seven percent of the population exercise regularly but do not score high on the nutrition dimension. On the other hand, there are also those who score high on nutrition but do not get strenuous exercise regularly -- they make up 9% of the population. Half of the population neither get strenuous exercise regularly nor score high on nutrition.

A closer look at these four categories (Table 4-5) reveals that nutrition and strenuous exercise are practiced by different demographic groups. Women are more likely to be conscious of nutrition whereas men are more conscious of exercise. People under 30 are the least likely to be conscious of nutrition but the most likely to be conscious of exercise. Professionals, managers, and proprietors are more likely than people with other occupations to score high on nutrition, but this pattern is not necessarily true regarding exercise. Those reporting fair or poor health are the least likely to get strenuous exercise regularly, but they tend to pay more attention to diet and nutrition.

Even for those whose bodyweight is within the recommended range, nutrition and exercise are not related behavior. In this group, 10% get regular strenuous exercise and score high on nutritional behavior, 10% score high on nutritional behavior but do not get regular strenuous exercise, and another 30% get regular strenuous exercise but do not score high on nutrition (Table 4-5).

Observation:

More than one out of three Americans practice either good nutrition or regular exercise, but not both. This pattern holds true across various demographic groups as well as for those who maintain desirable bodyweight. The findings of the survey suggest that people compensate for bad habits in one area with good habits in another and that nutrition and exercise are not related behavior for many Americans.

Q.6

Table 4-1

TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Those Who Try A Lot					
	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey
Base	1254	1253	1256	1250	1250	1250
	%	%	%	%	%	%
Get enough vitamins and minerals in foods or in supplements	63	57	63	63	59	57
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59	60	60
Avoid eating too much fat	55	59	56	56	54	54
Avoid eating too much salt or sodium	53	54	54	57	54	48
Avoid eating too much sugar and sweet food	51	52	50	49	49	47
Get enough calcium in food or in supplements	50	45	57	57	54	53
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46	42	48
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	X	34	37	34	34	33
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	X	37	33	36	36	35
Eat fish twice a week	X	X	34	31	33	28
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	X	X	62	65	59	60

X = Not asked.

Note: Seventeen percent of adults "try a lot" in eight or more of the eleven areas; 53% in three to seven areas; and 24% in two or fewer of the areas.

Q.36a, 37a, 38a, 39a

Table 4-2

TRENDS IN TAKING FOOD SUPPLEMENTS, PURCHASING LOW-CALORIE PRODUCTS, HIGH FIBER PRODUCTS, AND LOW-FAT AND LOW-CHOLESTEROL PRODUCTS

Q.: During the past month, have you taken any food supplements, such as vitamins or minerals, or not?

Q.: During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in calories other than diet soda?

Q.: During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially high in fiber?

Q.: During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in fat or low in cholesterol?

	1986 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %
Have taken food supplements during the past month	-	53	49
Have purchased a food product that is low in calories other than diet soda during the past month	NA	NA	38
Have purchased a food product high in fiber during the past month	51	54	57
Have purchased a food product low in fat or cholesterol during the past month	36	39	48

NA = Not applicable. Questions used different wordings in 1986 and 1987.

Q.5, 29

Table 4-3

PERCENT OF THOSE WHO TRY A LOT ON VARIOUS DIET AND NUTRITION ASPECTS BY WEIGHT CONTROL BEHAVIOR

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

Q.: During the past month, have you tried to lose any weight, or not?

	Total	Those Who Have Tried To Lose Weight	Those Who Have Not Tried to Lose Weight
Base	1250	459	787
	%	%	%
Get enough vitamins and minerals in foods or in supplements	57	61	55
Eat enough fiber from whole grains, cereals, fruits, and vegetables	60	65	58
Avoid eating too much fat	54	60	51
Avoid eating too much salt or sodium	48	55	43
Avoid eating too much sugar and sweet food	47	51	45
Get enough calcium in foods or in supplements	53	56	51
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	48	56	43
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	33	36	31
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavoring	35	40	32
Eat fish twice a week	28	32	26
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, cauliflower	60	61	59

Q.5, Q.10

Table 4-4

NUTRITION INDEX BY EXERCISE BEHAVIOR

Q.: Thinking about your personal diet and nutrition, do you try a lot, a little, or don't you try at all to (READ EACH ITEM)

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Total	Those Who Exercise Strenuously Three Times Or More Per Week		Those Who Do Not Exercise Strenuously Three Times Or More Per Week	
Base	1250	453		786	
	%	%		%	
Nutrition Index*					
High	17	19	(7)**	15	(9)
Medium	53	54	(27)	53	(50)
Low	24	21		26	

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*Nutrition index is based on the total number of nutrition behavior items in question 5 which respondents say they "try a lot" to do. Those saying "try a lot" on 8, 9, 10 or 11 items are "high" on the index; those saying "try a lot" on 3, 4, 5, 6, or 7 items are "medium"; those saying "try a lot" on 0, 1, or 2 items are "low". Six percent do not have a nutrition index score because they did not answer all eleven items.

**Numbers in parentheses are percentages based on the entire sample.

Table 4-5

NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS

			Nutrition/Exercise Index*			
	Base		High on Both Nutrition and Exercise	High on Nutrition Only	High on Exercise Only	Not High on Nutrition or Exercise
Total	1250	%	7	9	27	50
Sex						
Male	598	%	5	6	34	46
Female	652	%	8	12	21	53
Age						
18-29 years	309	%	4	1	34	51
30-39 years	310	%	8	9	34	45
40-49 years	202	%	9	12	27	47
50-64 years	244	%	8	13	20	55
65 and over	171	%	7	17	16	51
Education						
Not high school graduate	179	%	5	9	23	55
High school graduate	438	%	7	8	26	51
Some college	309	%	7	8	29	50
Four-year college graduate	322	%	7	13	30	45
Occupation						
Blue-collar labor, service	319	%	5	6	31	48
Clerical, sales	185	%	4	7	28	56
Professional, manager, or proprietor	321	%	9	12	29	46
Self-Described Health Status						
Excellent	316	%	9	9	33	45
Very good or good	745	%	6	8	27	52
Fair or poor	186	%	6	14	20	50
Body Weight Index						
Underweight	230	%	4	4	25	59
Within range	251	%	10	10	30	45
Overweight	692	%	7	11	25	50

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*Those who score "high" on the nutrition index (see Table 4-4) and exercise strenuously three times a week are "high on both"; those who score "high" on the nutrition index but do not exercise strenuously three times a week are "high on nutrition only"; those who exercise strenuously three times a week but do not score "high" on the nutrition index are "high on exercise only"; and those who do not score "high" on the nutrition index and do not exercise strenuously three times a week are "not high on nutrition or exercise".

CHAPTER 5: REGULAR MEDICAL EXAMS

Blood Pressure Reading

Eighty-three percent of adults say they have a blood pressure reading at least once a year (Table 5-1). This is nearly the same proportion as that of the 1983 Prevention survey, but there is a rise of five points since 1983 for those having the test more than once a year.

Groups who are more at risk of hypertension -- older people and blacks -- are more likely to have their blood pressure taken at least once a year. Eighty-seven percent of women report having an annual blood pressure reading, compared to 78% for men.

There is no distinct pattern in regard to how socio-economic status is linked to blood pressure checkups.

Cholesterol Testing

Forty-nine percent of adults indicate that they have a cholesterol test at least once a year. This is relatively unchanged since 1985 when 48% reported an annual or more frequent test.

Among those who are least likely to have cholesterol testing on an annual basis are rural residents (41%), people under the age of 30 (35%), people in their 30's (40%), blue collar workers (41%), and clerical and sales people (41%).

In the Prevention IV report in 1986, it was suggested that cholesterol testing appeared to be associated more with treatment than with prevention. As in 1986, this survey shows that those describing themselves as in "fair or poor" health, and those aged 65 or over, are much more likely to have cholesterol testing on an annual basis than those in "excellent", "very good" or "good" health and those of the younger groups. Table 5-3 shows that people who have annual cholesterol testing also have a stronger tendency than people who have less frequent testing to "try a lot" to:

-- Avoid eating too many high-cholesterol foods (61% vs. 36%);

-- Avoid eating too much fat (63% vs. 47%); and

-- Eat enough fiber (69% vs. 52%).

Observation:

While those who have annual cholesterol tests take preventive measures to reduce their cholesterol level, there exists a sizable number of people, young and in good health, who do not have annual cholesterol checkups nor take measures to eat a low cholesterol diet. This is so despite the increased publicity about the danger of too much cholesterol. Unless effective messages reach these people to help them change their behavior, they are unlikely to do anything about their cholesterol level until old age or a serious health condition occurs.

Dental Exams

Seventy-one percent of adults report that they go to a dentist for treatment or a checkup at least once a year. This figure is unchanged compared to that in 1983 when the Prevention survey series began (Table 5-1).

Demographic groups more likely to have a dental checkup include: those under age 50, those with greater education, those with higher income, and those with more prestigious occupations (Table 5-2). People reporting "excellent" health are also more likely to have a dental checkup than those with only "fair or poor" health.

Pap Smear and Breast Self-Exam for Women

In 1988, 79% of adult women report having a Pap smear to detect cancer at least every two years, compared to 75% in both 1983 and 1987 (Table 5-4). The proportion of women doing breast self-exams on a monthly basis has also increased over the last 5 years, to 51% in 1988 -- up 14 percentage points from 1983 and 9% from a year ago.

Younger women, women with greater education, and women with higher household income are more likely to have regular Pap smear tests than older women, women with less than a high school education and women with lower household income.

Concerning breast self-exams, however, groups more likely to have these exams are women with less than a high school education and women with lower household income. These findings confirm the patterns found in all the Prevention surveys.

Q.2, 3, 4

Table 5-1

TRENDS IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	1983 Survey		1985 Survey		1987 Survey		1988 Survey	
Base	1254		1250		1250		1250	
	%		%		%		%	
Blood Pressure Screen								
More often than once a year	52	82	59	87	56	84	57	83
Once a year	30		28		28		26	
Every two year	6		5		6		6	
Every three or four years	2		3		3		1	
Every five years or less often	3		3		2		3	
Never	5		2		3		5	
Not sure	2		1		2		3	
Cholesterol Test								
More often than once a year	x		20	48	19	45	21	49
Once a year	x		28		26		28	
Every two year	x		7		7		6	
Every three or four years	x		4		4		4	
Every five years or less often	x		6		5		5	
Never	x		29		34		32	
Not sure	x		5		4		4	
Dental Exam								
More often than once a year	44	71	46	74	50	75	47	71
Once a year	27		28		25		24	
Every two year	8		7		6		8	
Every three or four years	4		3		4		4	
Every five years or less often	11		4		4		4	
Never	11		11		10		11	
Not sure	3		1		1		2	

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x = Not asked.

Q.2, 3, 4

Table 5-2

THREE TYPES OF EXAMS OR TESTS
BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	Base		Annual Blood Pressure Reading	Annual Cholesterol Test	Annual Dental Checkup
Total	1250	%	83	49	71
Region					
East	312	%	82	51	77
South	387	%	85	52	66
Midwest	311	%	78	40	70
West	240	%	82	48	74
Urbanism					
Central city	379	%	84	49	68
Rest of metropolitan area	572	%	82	51	76
Outside metropolitan area	299	%	80	41	67
Sex					
Male	598	%	78	44	67
Female	652	%	87	52	74
Race					
White	1059	%	83	47	72
Black	87	%	87	53	69
Hispanic	71	%	80	51	69
Age					
18-29 years	309	%	80	35	76
30-39 years	310	%	80	40	83
40-49 years	202	%	79	49	73
50-64 years	244	%	86	60	64
65 and over	171	%	88	67	52
Education					
Not high school graduate	179	%	85	48	44
High school graduate	438	%	82	46	71
Some college	309	%	82	48	74
Four-year college graduate	322	%	82	52	85

(CONTINUED)

Q.2, 3, 4

Table 5-2 (CONTINUED)

THREE TYPES OF EXAMS OR TESTS BY DEMOGRAPHIC CHARACTERISTICS

	Base		Annual Blood Pressure Reading	Annual Cholesterol Test	Annual Dental Checkup
Total	1250	%	83	49	71
Household Income					
$7,500 or less	105	%	82	51	52
$7,501-$15,00	146	%	85	45	61
$15,001-$25,000	227	%	79	47	69
$25,001-$35,000	273	%	84	45	75
$35,001-$50,000	197	%	84	44	81
$50,001 and over	186	%	82	56	84
Occupation					
Blue-collar labor, service	319	%	76	41	64
Clerical, sales	185	%	81	41	77
Professional, manager, or proprietor	321	%	82	48	80
Self-Described Health Status					
Excellent	316	%	79	47	79
Very Good or good	745	%	83	46	73
Fair or poor	186	%	83	58	48

Q.2, Q.3

Table 5-3

PERCENT OF THOSE WHO TRY A LOT ON VARIOUS DIET AND NUTRITION ASPECTS BY CHOLESTEROL CHECKUP

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

	Those Who Have A Cholesterol Checkup Once a Year or More Often	Those Who Do Not Have a Cholesterol Checkup Once a Year or More Often
Base	594	600
	%	%
Percent Who Try A Lot To:		
Get enough vitamins and minerals in foods or in supplements	62	53
Eat enough fiber from whole grains, cereals, fruits, and vegetables	69	52
Avoid eating too much fat	63	47
Avoid eating too much salt or sodium	56	40
Avoid eating too much sugar and sweet food	53	42
Get enough calcium in foods or in supplements	59	49
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	61	36
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	39	28
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavoring	41	30
Eat fish twice a week	34	23
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, cauliflower	65	55

Q.34, 35

Table 5-4

TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	1983 Survey		1985 Survey		1987 Survey		1988 Survey	
Base	646		640		634		652	
	%		%		%		%	
Pap Smear								
More often than once a year	18		15		17		15	
Once a year	49		54		51		57	
Every two year	8	75	9	78	7	75	7	79
Every three years	4		3		4		3	
Every four or five years	3		3		3		3	
Every six years or less often	2		3		3		3	
Never	13		12		10		9	
Not applicable (vol.)	1		1		2		1	
Not sure	2		1		2		2	
Breast Self-Exam								
At least once a month	37		48		42		51	
Several times a year	30		30		29		24	
Once a year	9		8		9		7	
Less than once a year	4		3		4		3	
Never	15		9		13		12	
I never do it -- doctor does it (vol.)	2		1		2		1	
Not applicable (vol.)	*		-		1		*	
Not sure	1		1		1		*	

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*Less than 0.5%.

Q.34, 35

Table 5-5

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	Base		Pap Smear Every One or Two Years	Monthly Breast Self-Exam
Total Women	652	%	79	51
Region				
East	166	%	80	48
South	219	%	76	53
Midwest	145	%	79	52
West	122	%	76	52
Urbanism				
Central city	197	%	79	54
Rest of metropolitan area	305	%	80	48
Outside metropolitan area	150	%	71	55
Race				
White	547	%	77	50
Black	52	%	91**	56**
Hispanic	35	%	76**	53**
Age				
18-29 years	141	%	85	44
30-39 years	164	%	85	52
40-49 years	93	%	82	46
50-64 years	134	%	77	65
65 and over	110	%	58	50
Education				
Not high school graduate	104	%	66	56
High school graduate	233	%	79	51
Some college	159	%	80	53
Four-year college graduate	156	%	85	46
Household Income				
$7,500 or less	67	%	70	58
$7,501-$15,000	93	%	74	50
$15,001-$25,000	117	%	80	50
$25,001-$35,000	129	%	81	53
$35,001-$50,000	90	%	86	53
$50,0001 and over	79	%	90	41

(CONTINUED)

Q.34, 35

Table 5-5 (CONTINUED)

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

	Base		Pap Smear Every One or Two Years	Monthly Breast Self-Exam
Total Women	652	%	79	51
Occupation				
Blue-collar labor, service	98	%	79	49
Clerical, sales	127	%	81	43
Professional, manager, or proprietor	138	%	88	50
Self-Described Health Status				
Excellent	166	%	80	46
Very good or good	378	%	80	51
Fair or poor	106	%	67	58

**Caution due to small base.

CHAPTER 6: CONTROL OF STRESS

Feelings of Stress

Eighteen percent of adult Americans say they feel under great stress almost everyday. An additional 15% feel great stress several days a week, and another 30% at least once a week (Table 6-1). The experience of stress in American society appears to be on the rise. In 1983, 55% of adults reported feeling under great stress at least once a week. This proportion has risen to 63% in 1988.

While 28% of rural residents report feeling under great stress at least several days a week, this figure rises to 36% among urban residents (Table 6-2). Women are somewhat more likely to report frequent stress than men (36% vs. 30%), as are those in their 40's (39%). Those age 65 and over report the the least amount of stress (20%).

Education and occupation also appear to be related to one's feeling of stress. Whereas 32% of blue collar workers say they feel under great stress several days a week, 38% of sales and clerical people and 40% of professionals and managers say the same. The proportion of people reporting frequent stress increases as the education level increases with the highest stress levels among college graduates, 38% of whom report great stress at least several days a week.

Those with the lowest and highest household income are the most likely to feel under great stress several days a week.

Steps People Take to Control Stress

Given the frequency of stress in American society, steps to control or reduce stress are needed. Approximately seven out of ten adults say they consciously take steps to control or reduce stress, six out of ten report getting seven or eight hours of sleep daily, and eight out of ten say they socialize with friends or relatives at least once a week. There are no dramatic changes in these areas over the last few years.

Those feeling under great stress at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who is under great stress frequently does not take steps to reduce it. Furthermore, those under stress frequently are less likely to sleep seven or eight hours a night and less likely to socialize at least once a week, compared to those feeling stress less frequently.

Although college graduates and people with the highest household incomes are more likely to report getting 7-8 hours sleep, there are no other clear patterns among different social groups in either sleep or socializing.

Observation:

Although all groups in society appear to have some basic resources available to them for dealing with stress, not all who are in need of stress reduction employ these resources. With great stress facing an increasing number of Americans, it is important for health and prevention workers to reach highly stressed individuals and segments of society with effective messages on the importance of personal strategies to reduce stress.

Q.15, 16, 17, 14

Table 6-1

TRENDS IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

14. About how often do you socialize with close friends, relatives, or neighbors?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey
Base	1254	1250	1250	1250
	%	%	%	%
Frequency of Stress				
Almost every day	16	14	17	18
Several days a week	12	13	15	15
Once or twice a week	27	33	30	30
Less often than once a week	29	30	27	27
Never	16	10	10	9
Not sure	1	1	1	1
Steps to Control Stress				
Yes, take steps to control	59	69	68	69
No, don't take steps	38	31	30	30
Not sure	3	1	1	1
Sleep				
6 hours or less	25	26	27	28
7-8 hours	64	64	61	62
9 hours or more	10	9	11	11
Not sure	1	*	1	1
Socializing with Others				
Once a week or more	84	85	83	84
Less than once a week	16	15	17	16
Not sure	*	*	1	1

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*Less than 0.5%.

Q.15, 16, 17, 14

Table 6-2

WHO TAKES STEPS TO CONTROLS STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do your feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Base		Feel Under Great Stress Several Days a Week or More	Consciously Take Steps to Control or Reduce Stress	Usually Get Seven or Eight Hours of Sleep	Socialize at Least Once a Week
Total	1250	%	33	69	62	84
Region						
East	312	%	36	70	60	82
South	387	%	34	70	60	83
Midwest	311	%	31	66	63	85
West	240	%	30	71	69	84
Urbanism						
Central City	379	%	36	73	59	84
Rest of metropolitan area	572	%	34	67	64	82
Outside metropolitan area	299	%	28	67	63	85
Sex						
Male	598	%	30	66	62	80
Female	652	%	36	71	62	87
Race						
White	1059	%	34	67	64	85
Black	87	%	28	82	55	80
Hispanic	71	%	30	71	56	74
Age						
18-29 years	309	%	35	63	62	93
30-39 years	310	%	35	73	64	79
40-49 years	202	%	39	75	54	75
50-64 year	244	%	33	76	67	78
65 and over	171	%	20	60	57	88

(CONTINUED)

Q.15, 16, 17, 14

Table 6-2 (CONTINUED)

WHO TAKES STEPS TO CONTROLS STRESS

	Base		Feel Under Great Stress Several Days a Week or More	Consciously Take Steps to Control or Reduce Stress	Usually Get Seven or Eight Hours of Sleep	Socialize at Least Once a Week
Total	1250	%	33	69	62	84
Education						
Not high school graduate	179	%	28	64	59	85
High school graduate	438	%	30	68	60	83
Some college	309	%	36	69	59	84
Four-year college graduate	322	%	38	73	70	81
Household Income						
$7,500 or less	105	%	35	73	61	87
$7,5001-$15,000	146	%	31	66	56	86
$15,001-$25,000	227	%	31	69	55	80
$25,001-$35,000	273	%	34	68	66	86
$35,001-$50,000	197	%	38	69	67	79
$50,001 and over	186	%	37	70	70	81
Occupation						
Blue-collar labor, service	319	%	32	73	61	80
Clerical, sales	185	%	38	75	68	85
Professional, manager, or proprietor	321	%	40	64	64	79
Self-Described Health Status						
Excellent	316	%	35	69	63	83
Very good or good	745	%	30	69	64	84
Fair or poor	186	%	41	70	55	83
Frequency of Great Stress						
Several days a week or more	428	%	100	75	54	81
Less than several days a week	812	%	0	66	67	85

CHAPTER 7· NONSMOKING AND RESTRICTED USE OF ALCOHOL AND DRUGS

Smoking and Nonsmoking

Seventy-four percent of adults say they do not smoke cigarettes; 26% say they do. This is the lowest smoking rate ever registered in a Harris survey to measure this trend. As Table 7-1 shows, the average smoking rate in the 1980's is considerably lower than that of the early 1970's, by approximately 15 percentage points. The rate fluctuated slightly during the period of 1983-87 without statistical significance. However, the 1988 survey finds the smoking rate to be 26%, a statistically significant decrease since 1983 when the smoking rate was 30%.

The rates of smoking among men (27%) and women (24%) are still statistically indistinguishable. But the rate of decline in smoking is slightly higher among men than among women in the 1980's, a continuing trend since the 1970's (Table 7-2).

The relationship between self-described health and nonsmoking has been persistent in this series of surveys. Among those who report "excellent" health, 84% are nonsmokers compared to 69% of those who describe their health as "fair or poor" (Table 7-3).

The rate of nonsmokers is highest among: people aged 65 and over, people with college education, and people whose household income is above $50,000. Those under 30 have the lowest rate of nonsmokers (71%) among all age groups (Table 7-3).

Nonsmoking also appears to be related to other prevention behaviors such as nutrition and exercise. Those who pay a lot of attention to good nutrition (see Chapter 3) are more likely to be non-smokers (83%) than those who have a medium or low score on nutrition (73% and 74% respectively). Those who get strenuous exercise frequently are also more likely to be nonsmokers than those who do not (78% vs. 72%).

On the other hand, people with desirable body weight tend to smoke more than those who are overweight. Those who feel under great stress frequently tend to smoke more than those who do not.

Alcohol Use

Thirty-nine percent of adults say they never consume alcohol (Table 7-4). This is an increase of 5 percentage points from 1983 and an increase of 3 percentage points from 1987. Fifty percent of adults are moderate drinkers, i.e., they do not exceed three drinks on days when they drink.

The proportion of nondrinkers is largest among: those in the South, small town and rural residents, women, blacks and Hispanics, those aged 65 and over, and those with the lowest education, income, and occupational levels (Table 7-3). These are persistent patterns in all Prevention-Harris surveys.

Most people (62%) describing themselves as in "fair or poor" health do not drink alcohol.

The socio-economic patterns observed in regard to nondrinkers are reversed concerning moderate drinkers. The largest proportion of moderate drinkers is found among people with a college education, those with a household income above $35,000, and those holding higher level jobs. These are also patterns observed in previous Prevention surveys.

Observation:

The least advantaged educational, income, and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol while the most advantaged social groups have a strong tendency to be moderate drinkers. This unusual demographic pattern suggests that there may exist different standards of social acceptance regarding the use of alcohol among different social strata.

As in the case of cigarette use, people who are overweight are more likely to abstain from alcohol than those who are not overweight. People who are highly conscious of nutrition are also more likely to avoid alcohol. Among drinkers, those who are highly conscious of nutrition are most likely to be moderate drinkers. But exercise behavior has little to do with one's drinking patterns.

Recreational Drugs

Ninety-five percent of adults say they do not use any recreational drugs such as marijuana, speed, and downers (Table 7-4). This represents a 4 percentage point increase from 1984 when the question was first asked.

The increase in drug abstinence is centered around younger adults. As Table 7-5 shows, in 1984 eight out of ten people under 30 said they did not use drugs; in 1988 nine out of ten say they do not use drugs. The proportion of nonusers has also increased by 3 percentage points for those in their 30's.

Nonetheless, drug use is somewhat higher among adults under 30, those living in central cities, among males, and among blacks. There is no distinct pattern of drug use for various education, income, and occupational groups.

Exercise and stress reduction behavior are unrelated to drug abstinence. But people who are highly conscious of nutrition are more likely to abstain from recreational drugs.

Relationship among Practices of Restricting Tobacco, Alcohol, and Drug Use

There appear to be some interrelationships among practices of restricting tobacco, alcohol, and drug use.

As Table 7-6 shows, nonsmokers are more likely than smokers to abstain from alcohol (43% vs. 29%), to drink moderately when they do drink (85% vs.

76%), and to abstain from recreational drugs (96% vs. 90%). Nondrinkers are also more likely than drinkers to abstain from drugs (98% vs. 95%).

Q.12

Table 7-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	1974	1975	1978	1983	1984	1985	1986	1987	1988
Base	1407	1556	1347	1252	1252	1256	1250	1250	1250
	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	30	28	30	27	28	26
Do not smoke	57	57	61	70	72	70	72	72	74

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources are eight national surveys of adults aged 18 and older conducted by Louis Harris and Associates.

Table 7-2

CONVERGENCE IN SMOKING RATES FOR MEN VS. WOMEN

	1974 %	1975 %	1978 %	1980 %	1983 %	1984 %	1985 %	1986 %	1987 %	1988 %
Percent of men smoking cigarettes	47	49	45	44	33	27	31	29	27	27
Percent of women smoking cigarettes	38	37	33	36	28	30	29	26	29	24
Difference*	+9	+12	+12	+8	+5	-3	+2	+3	-2	+3

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*The smoking rates of men and women are statistically indistinguishable in the 1984 survey and the surveys thereon.

Q.12, 18, 19, 26

Table 7-3

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL, TOBACCO, AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTION BEHAVIOR ITEMS

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total	1250	%	74	39	[illegible]	95
Region						
East	312	%	72	32	82	94
South	387	%	73	50	81	97
Midwest	311	%	74	33	79	95
West	240	%	78	37	90	93
Urbanism						
Central City	379	%	76	35	82	93
Rest of metropolitan area	572	%	72	37	83	95
Outside metropolitan area	299	%	75	48	82	97
Sex						
Male	598	%	72	32	74	91
Female	652	%	76	45	92	98
Race						
White	1059	%	74	36	82	96
Black	87	%	73	50	90	87
Hispanic	71	%	79	52	82	95
Age						
18-29 years	309	%	71	31	68	89
30-39 years	310	%	74	28	85	92
40-49 years	202	%	72	36	91	98
50-64 years	244	%	72	48	91	98
65 and over	171	%	83	59	93	99

(CONTINUED)

Q.12, 18, 19, 26

Table 7-3 (CONTINUED)

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL, TOBACCO, AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTION BEHAVIOR ITEMS

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total	1250	%	74	39	83	95
Education						
Not high school graduate	179	%	69	64	75	95
High school graduate	438	%	68	45	77	94
Some College	309	%	77	33	82	93
Four-year college graduate	322	%	84	21	91	98
Household Income						
$7,500 or less	105	%	69	54	78	92
$7,501-$15,000	146	%	71	54	70	95
$15,001-$25,000	227	%	75	43	81	92
$25,001-$35,000	273	%	72	31	79	96
$35,001-$50,000	197	%	69	25	84	94
$50,001 and over	186	%	82	24	93	97
Occupation						
Blue-collar labor, service	319	%	68	38	67	92
Clerical, sales	185	%	73	30	88	95
Professional, manager, or proprietor	321	%	79	29	88	96
Self-Described Health Status						
Excellent	316	%	84	31	86	96
Very good or good	745	%	72	36	80	94
Fair or poor	186	%	69	62	88	96

(CONTINUED)

Q.12, 18, 19, 26

Table 7-3 (CONTINUED)

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL, TOBACCO, AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTION BEHAVIOR ITEMS

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total	1250	%	74	39	83	95
Body Weight Index						
Underweight	230	%	70	34	84	92
Within range	251	%	69	35	85	95
Overweight	692	%	77	43	82	96
Nutrition Index						
High	201	%	83	45	93	98
Medium	673	%	73	40	87	95
Low	299	%	74	36	75	92
Exercise						
Exercise strenuously three times a week or more	453	%	78	37	83	94
Do not exercise three times a week or more	786	%	72	39	83	95
Stress Control						
Take steps to control stress	864	%	74	40	85	95
Do not take steps	370	%	74	36	78	95
Feeling of Stress						
Feel stress at least several days a week	428	%	71	39	80	94
Feel stress less often	812	%	76	38	84	95

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*Based on the 68% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

Q.18, 19, 26

Table 7-4

TRENDS IN USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	1983 Survey		1985 Survey		1987 Survey		1988 Survey	
Base	1254		1256		1250		1250	
	%		%		%		%	
Frequency of Alcohol Consumption								
Never	34		33		36		39	
Less than 1 day a month	16		15		13		17	
1 to 3 days a month	16		20		19		18	
1 to 2 days a week	19	65	19	66	21	64	14	61
3 to 4 days a week	7		6		5		5	
5 to 6 days a week	2		2		1		2	
Daily/7 days a week	6		4		5		5	
Not sure	*		*		*		*	
Quantity of Alcohol Consumption								
1 drink	21		22		21		21	
2 drink	22	54	23	55	20	50	21	50
3 drink	10		10		9		8	
4 drink	5		4		6		4	
5 or more drinks	6		7		8		7	
Not sure	1		*		*		*	
Recreational Drugs								
Frequently	x		2		*		1	
Sometimes	x		7		1		1	
Only occasionally**	x		x		4		3	
Never	x		91		94		95	
Not sure	x		*		-		*	

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x = Not asked.

*Less than 0.5%.

**The "only occasionally" category was added in 1987 and 1988.

Q.26

Table 7-5

PERCENT OF THOSE WHO NEVER USE RECREATIONAL DRUGS BY AGE, 1984, 1987, 1988

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Percent Who Never Use Drugs					
	1984 Survey*		1987 Survey		1988 Survey	
	Base	%	Base	%	Base	%
Total	1253	91	1250	94	1250	95
Age						
18-29 years	363	79	318	89	309	89
30-39 years	283	89	299	90	310	92
40-49 years	175	95	175	97	202	98
50-64 years	238	100	238	100	244	98
65 and over	190	99	211	100	171	99

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*Question was not asked in the 1983 survey.

Q.12, 18, 19, 26

Table 7-6

RELATIONSHIP AMONG PRACTICES OF RESTRICTING ALCOHOL, TOBACCO, AND DRUG USE

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Total	Do Not Smoke Cigarettes	Smoke Cigarettes	Do Not Drink Alcohol	Drink Alcohol
Base:	1250	925	322	462	786
	%	%	%	%	%
Do not smoke cigarettes	74	100	0	81	70
Do not drink alcohol	39	43	29	100	0
Drinker who drink alcohol moderately*	83	85	76	NA	83
Never use any recreational drugs	95	96	90	98	95

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*Based on the 685 of all adults who sometimes drink. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

NA = not applicable.

CHAPTER 8: SAFETY PRECAUTIONS

Auto Safety

Sixty percent of adults say they wear seatbelts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey when only 19% reported wearing seatbelts all the time. Compared to the last Prevention survey in 1987, this figure represents an increase of 3 percentage points (Table 8-1).

As discussed in the 1986 Prevention report, laws requiring seatbelt use dramatically improved the rate of seatbelt use in states with such laws. There were dramatic surges in seatbelt usage during the year when such laws took effect in various states. The 1986 survey found that between 60 and 65% of the people living in states with seatbelt laws always wore seatbelts. This rate has been stable -- in 1988 63% of adults living in states with seatbelt laws report seatbelt usage all the time.

The effect of seatbelt laws is still evident in 1988. By a margin of 25 percentage points, people living in states with seatbelt laws are more likely to use seatbelts all the time than those living in states without such laws (Figure 8-1). Only 38% of adults in states without seatbelt laws reported wearing seatbelts all the time -- the same as two years ago.

Twenty-nine percent of adults in states without seatbelt laws still say they never wear a seatbelt. This rate is 13% in the nation.

Observation:

By November 1988, there were still 17 states which did not have seatbelt laws in effect. Two of the 17 states had repealed such laws enacted earlier in the decade. If the national momentum of seatbelt law enforcement were to slow down or to be overturned, the improvement of behavior

> observed in the last five years would probably cease to continue and may even decline.

The level of seatbelt use is particularly important in light of the fact that 49% of drivers do not drive at or below the speed limit "all the time". This is an increase of 6 percentage points from 1983.

Sixty percent of adults say they never drive after drinking (another 18% say they never drink). This 78% represents an increase of 10 percentage points over the level recorded in 1983 and an increase of 4 percentage points over 1987. It is hoped that this upward trend will continue as ideas such as the "designated driver" are promoted and adopted by a greater number of Americans.

Over the years of the Prevention survey, there appear to be persistent demographic patterns in seatbelt use. The rate is highest among Westerners, and those with higher education and income levels (Table 8-2). The groups who are most likely to say they never exceed the speed limit include people in their 50's or older, those with less education and those in blue collar or service occupations. Concerning driving after drinking, however, those with higher education and income levels are most likely to have practiced this unsafe behavior.

Safety in the Home

Efforts to ensure safety at home have improved since the start of the Prevention survey in 1983. But in some areas this improvement appears to have reached a plateau for the past few years. Eighty-two percent of adults say they take steps to avoid home accidents (Table 8-3). Although an increase of ten percentage points over the proportion in 1983, it is virtually unchanged since 1985. Eighty-one percent report they have smoke detectors at home, compared to 67% in 1983 and 82% in 1987. Ninety percent say that no one in their household smokes in bed, compared to 88% in 1983 and 92% in 1987.

As in previous surveys, there are no distinct demographic patterns in trying to avoid home accidents. But home smoke detectors provide an example of socio-economic status playing a visible role. Those with greater education, higher income, and higher leveled occupations are more likely to have installed smoke detectors in their homes (Table 8-4). While the gaps between social groups in this adoption had been narrowed considerably between 1983 and 1986, the gaps existent two years ago have not been reduced (Table 8-5). Thirty-seven percent of Hispanics and 32% of those with less than a high school education still do not have smoke detectors in their homes -- the same as two years ago.

Relationship Among Safety Practices

Aside from the effect of socio-economic status on one's safety behavior and practices, there seems to be a latent dimension of safety consciousness which also influences these practices. Table 8-6 shows that most of these practices are related to one another. For example, those who wear a seatbelt all the time are more likely than those who do not to have a smoke detector at home, to obey the speed limit when driving, and to avoid driving after drinking. Those who drive after drinking are less likely to have a home smoke detector, less likely to wear a seatbelt, and less likely to obey the speed limit.

Q.20, 22, 23

Table 8-1

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, never?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey
Base	1251	1256	1250	1250
	%	%	%	%
Wearing Seatbelts				
All the time	19	41	57	60
Sometimes	26	31	27	26
Never	53	28	15	13
Not applicable (vol.)	1	*	*	1
Not sure	*	*	*	-

Base: Drivers only

	1983 Survey	1985 Survey	1987 Survey	1988 Survey
Base	1097	1102	1115	1117
	%	%	%	%
Driving at or Below Speed Limit				
All the time	56	50	50	51
Sometimes	38	45	45	44
Never	5	5	4	5
Not sure	*	*	-	-
Driving After Drinking				
All the time	5	3	2	3
Sometimes	25	25	23	19
Never	52	59	49	60
Don't drink (vol.)	16	12	25	18
Not sure	2	1	*	*

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*Less than 0.5%.

Q.20, 22, 23

Table 8-2

PERCENT OF THOSE TAKING AUTO SAFETY PRECAUTIONS BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, never?

	Base		Wear Seat Belt All the Time in Auto	Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**
Total	1250	%	60	51	78
Region					
East	312	%	54	47	75
South	387	%	59	54	84
Midwest	311	%	59	53	73
West	240	%	69	46	78
Urbanism					
Central City	379	%	60	50	74
Rest of metropolitan area	572	%	64	50	76
Outside metropolitan area	299	%	51	52	84
Sex					
Male	598	%	56	46	70
Female	652	%	63	55	86
Race					
White	1059	%	62	51	77
Black	87	%	53	51	78
Hispanic	71	%	52	49	85
Age					
18-29 years	309	%	55	35	75
30-39 years	310	%	64	45	69
40-49 years	202	%	60	50	76
50-64 years	244	%	57	61	88
65 and over	171	%	65	74	88

(CONTINUED)

Q.20, 22, 23

Table 8-2 (CONTINUED)

TAKING PERCENT OF THOSE AUTO SAFETY PRECAUTIONS BY DEMOGRAPHIC CHARACTERISTICS

	Base		Wear Seat Belt All the Time in Auto	Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**
Total	1250	%	60	51	78
Education					
Not high school graduate	179	%	47	65	89
High school graduate	438	%	55	56	78
Some college	309	%	62	45	77
Four-year college graduate	322	%	72	41	71
Household Income					
$7,500 or less	105	%	55	49	86
$7,501-$15,000	146	%	57	67	86
$15,001-$25,000	227	%	53	48	80
$25,001-$35,000	273	%	57	45	75
$35,001-$50,000	197	%	60	43	77
$50,001 and over	186	%	77	43	68
Occupation					
Blue-collar labor, service	319	%	51	47	73
Clerical, sales	185	%	58	43	74
Professional, manager, or proprietor	321	%	66	38	72

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*Drivers who drive at or below the speed limit all the time.

**Drivers who never drive after drinking, or never drink.

Q.25, 24, 13

Table 8-3

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey
Base	1251	1256	1250	1250
	%	%	%	%
Precautions at Home				
Yes, take steps	72	80	81	82
No, don't take steps	26	19	18	17
Not sure	1	*	1	1
Smoke Detector				
Have a smoke detector	67	76	82	81
Do not have	32	24	18	19
Not sure	*	*	*	*
Smoking in Bed				
Yes, someone smokes in bed	11	9	8	10
No, no one ever smokes in bed	85 88	89 91	88 92	85 90
No one in household smokes (vol.)	3	2	4	5
Not sure	*	*	*	*

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*Less than 0.5%.

Q.25, 24

Table 8-4

PERCENT OF THOSE TAKING SAFETY PRECAUTIONS AT HOME BY DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid accidents in and around you home?

Q.: Do you have a smoke detector in your home, or not?

	Base		Take Steps to Avoid Home Accidents	Have Smoke Detector in Home
Total	1250	%	82	81
Region				
East	312	%	80	87
South	387	%	82	74
Midwest	311	%	81	86
West	240	%	84	78
Urbanism				
Central city	379	%	82	80
Rest of metropolitan area	572	%	81	85
Outside metropolitan area	299	%	83	73
Sex				
Male	598	%	79	82
Female	652	%	84	80
Race				
White	1059	%	80	84
Black	87	%	88	72
Hispanic	71	%	87	63
Age				
18-29 years	309	%	73	78
30-39 years	310	%	87	87
40-49 years	202	%	82	85
50-64 years	244	%	87	78
65 and over	171	%	83	76

(CONTINUED)

Q.25, 24

Table 8-4 (CONTINUED)

PERCENT OF THOSE TAKING SAFETY PRECAUTIONS AT HOME BY DEMOGRAPHIC CHARACTERISTICS

	Base		Take Steps to Avoid Home Accidents	Have Smoke Detector in Home
Total	1250	%	82	81
Education				
Not high school graduate	179	%	90	68
High school graduate	438	%	84	80
Some College	301	%	79	84
Four-year college graduate	322	%	75	88
Household Income				
$7,500 or less	105	%	82	74
$7,501-$15,000	146	%	87	72
$15,001-$25,000	227	%	82	81
$25,001-$35,000	273	%	84	85
$35,001-$50,000	197	%	78	87
$50,000 and over	186	%	77	84
Occupation				
Blue-collar labor, service	319	%	81	76
Clerical, sales	185	%	77	80
Professional, manager, or proprietor	321	%	78	89

Table 8-5

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1988

	Have Smoke Detector in Home					
	1983 Survey		1986 Survey		1988 Survey	
	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap
Total Adults	67%		77%		81%	
Urbanism						
Central city	67	3	77	7	80	12
Rest of metropolitan area	68		79		85	
Outside metropolitan area	65		72		73	
Race						
White	70	22	79	17	84	21
Black	48		73		72	
Hispanic	59		62		63	
Age						
18-29 years	70	12	77	11	78	11
30-39 years	72		81		87	
40-49 years	67		78		85	
50-64 years	64		76		78	
65 and over	60		70		76	
Education						
Not high school graduate	52	23	64	20	68	20
High school graduate	67		74		80	
Some college	75		82		84	
Four-year college graduate	71		84		88	
Household Income						
$7,500 or less	52	28	68	18	74	15
$7,501-$15,000	58		68		72	
$15,001-$25,000	71		75		81	
$25,001-$35,000	77		84		85	
$35,001-$50,000	80		84		87	
$50,001 and over	76		86		84	

Q.24, 20, 22, 23

Table 8-6

RELATIONSHIP AMONG SAFETY/PRECAUTION ITEMS

Q.: Do you have a smoke detector in your home, or not?

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

		Percent of Those Who		Drivers			
	Total	Wear Seatbelt All the Time in Auto	Do Not Wear Seatbelt All the Time in Auto	Never Exceed Speed Limit	Exceed Speed Limit	Never Drive After Drinking or Never Drink	Drive After Drinking
	1250	752	489	568	558	872	255
	%	%	%	%	%	%	%
Have a smoke detector at home	81	84	77	81	81	83	76
Wear a seatbelt all the time in auto	60	100	0	64	56	61	55
Never exceed speed limit (drivers)	51	54	46	100	0	55	37
Never drive after drinking or never drink (drivers)	78	80	76	84	72	100	0

Table 8-7

SEATBELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA*

Seatbelt Law by Nov. 1988	No Seatbelt Law in Effect by Nov. 1988
California	Alabama
Colorado	Arizona
Connecticut	Arkansas
Florida	Delaware
Georgia	Kentucky
Idaho	Maine
Illinois	Massachusetts**
Indiana	Mississippi
Iowa	Nebraska**
Louisiana	New Hampshire
Kansas	North Dakota
Maryland	Rhode Island
Michigan	South Carolina
Minnesota	South Dakota
Missouri	Vermont
Montana	West Virginia
Nevada	Wyoming
New Jersey	
New Mexico	
New York	
North Carolina	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Tennessee	
Texas	
Utah	
Virginia	
Washington	
Washington, D.C.	
Wisconsin	

LAW SOURCE: National Safety Council, 444 North Michigan Avenue, Chicago, Illinois 60611.

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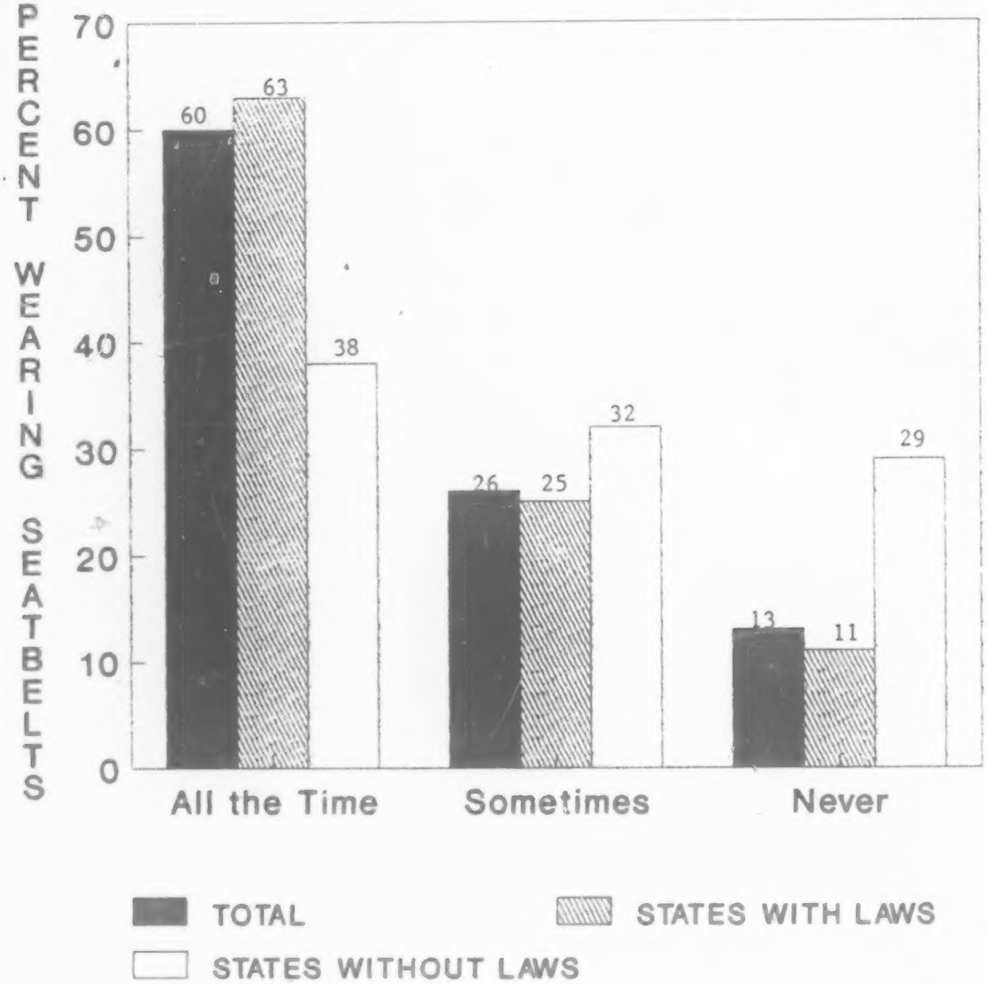
*Alaska and Hawaii not included in the Prevention Index survey.

**Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election.

0.20

FIGURE 8.1
SEATBELT USE



Q.: How often do you wear a seatbelt when you are in the front seat of a car?

CHAPTER 9: EXTERNAL INFLUENCES ON BETTER HEALTH HABITS

Insurance Discount for Nonsmoking or Regular Exercise

Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly (Table 9-1-A). Forty-five percent say their insurance does not have such a discount and fully 22% do not know if their insurance has this discount.

The insurance discount for better health habits appears to have an effect on some health related behavior. As Table 9-2 shows, those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently, and to maintain desirable bodyweight, than those without the discount. The effect of this discount on diet and nutrition is less evident.

Employer Assistance in Staying Healthy

Of those currently employed, 24% say that their employer provides some assistance to help them stay healthy such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance (Table 9-1-B).

Although fewer than four out of ten people with employer assistance report participating in the programs, the mere awareness of employer encouragement for better health may be a sufficient incentive for practicing healthy habits. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly, than people without such assistance (Table 9-2). People who receive employer assistance show better eating habits in three out of the seven diet and nutrition areas.

Knowledge and Motivation

Previous Prevention/Harris surveys show that media messages on prevention have reached a significant fraction of all social groups. But this survey also finds that many Americans are still not knowledgeable about what to do to stay healthy and are not motivated enough to practice health habits.

Fifty-one percent of Americans agree that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat" (Table 9-3). Furthermore, 53% agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it." About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy." People with lower levels of education, income and occupation are more likely to express feelings of indifference and confusion (Table 9-4).

Approximately half of adults (49%) say they would like to exercise and eat better, but just can not get themselves to do it (Table 9-3). Again, people with lower socio-economic status are more likely to say they would like to exercise and eat better, but just can not get themselves to do it (Table 9-4).

Observation:

Although institutionalized efforts of prevention such as insurance incentives and workplace programs have yet to become pervasive, they already prove to be effective in encouraging better health practices. They may also serve as a "push" for those who would like to practice health habits but lack initiative. A joint effort involving health and prevention workers, the mass media, the insurance industry, and employers, is needed to further encourage and reinforce prevention behavior in America.

Q.27

Table 9-1-A

HEALTH INSURANCE DISCOUNTS FOR NONSMOKING AND REGULAR EXERCISE

Q.: Does your current family health insurance plan provide a discount for those who do not smoke or who exercise regularly?

Base:	1250
	%
Yes	27
No	45
Not sure	22

Q.F3

Table 9-1-B

EMPLOYER ASSISTANCE IN STAYING HEALTHY

Base: Those who are currently employed

Q.: Does your current employer provide any assistance to help you stay healthy such as weight control counseling, an exercise program or help to stop smoking?

Base:	857
	%
Yes	24
No	75
Not sure	1

Q.27, F3

Table 9-2

EFFECTS OF INSURANCE DISCOUNTS AND EMPLOYER ASSISTANCE ON PREVENTION BEHAVIOR

Q.: Does your current family health insurance plan provide a discount for those who do not smoke or who exercise regularly?

Q.: (Base: Those who are currently employed) Does your current employer provide any assistance to help you stay healthy such as weight control counseling, an exercise program or help to stop smoking?

	Insurance Provides Discount	Insurance Does Not Provide Discount/ No Insurance	Employer Provides Assistance	Employer Does Not Provide Assistance
Base:	342	640	213	643
	%	%	%	%
Nonsmoking and Restricted Use of Alcohol				
Do not smoke cigarettes	78	69	80	71
Drink alcohol moderately	81	82	87	77
Exercise and Weight Control				
Get strenuous exercise three or more days a week	42	34	42	36
Are within the weight range recommended for their height, build, and sex	27	19	24	23
Diet and Nutrition				
Try a lot to get enough vitamins and minerals	59	56	57	54
Try a lot to eat enough fiber	61	59	55	54
Try a lot to avoid eating too much fat	52	56	52	50
Try a lot to avoid eating too much salt or sodium	47	48	49	45
Try a lot to avoid eating too much sugar and sweet food	50	46	51	45
Try a lot to get enough calcium	57	51	52	51
Try a lot to avoid eating too many high-cholesterol foods	50	49	46	44

Q.32

Table 9-3

ATTITUDES TOWARD PREVENTION AND PREVENTION PRACTICES

Q.: Do you agree or disagree with the following statements?

		Agree	Disagree
Base: 1250			
If I exercise and eat right, I'm almost certain to stay healthy	%	85	15
I sometimes watch what I eat but not all the time	%	82	18
I'm willing to spend extra money on things that are healthy for me	%	75	24
It is very important to me that I feel attractive to the opposite sex	%	70	29
I think health clubs are important for physical fitness	%	58	40
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	%	53	45
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	%	51	48
When I don't exercise or eat right, I feel guilty	%	51	49
I would like to exercise and eat better, but I just can't get myself to do it	%	49	50
I am often confused about what I should do to stay healthy	%	28	72
I used to watch what I eat, but don't anymore	%	19	80

Q.32i, h, e, g

Table 9-4

PERCENT OF THOSE AGREEING WITH FOUR STATEMENTS ON PREVENTION BY EDUCATION, INCOME, AND OCCUPATION

Q.: Do you agree or disagree with the following statements?

		Education				Household Income						Occupation		
	Total	Than High School	High School Grad.	Some College	Four College Or Grad. School	$7,500 Or Less	$7,501- $15,000	$15,001- $25,000	$25,001- $35,000	$35,001- $50,000	$50,001- And Over	Profes- sional, Manager, Proprietor	Clerical Or Sales	Blue Collar
Base:	1250	179	438	303	322	105	146	227	273	197	186	321	185	319
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Percent Who Agree														
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	51	64	61	47	33	65	64	57	48	46	33	38	49	63
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	53	59	57	58	39	59	56	62	52	50	43	47	50	56
I am often confused about what I should do to stay healthy	28	44	33	23	16	43	36	29	27	25	15	16	28	35
I would like to exercise and eat better, but I just can't get myself to do it	49	56	53	45	41	62	57	51	48	45	42	44	52	55

APPENDIX A: METHODOLOGY

METHODOLOGY

The 1988 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 9 to November 23, 1988. The overall completion rate for this survey was 60% of eligible households reached. The 40% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in Table A-1 at the end of this Appendix.

The 1988, 1987, 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. Each PSU yields one interview. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

- -- The sample is highly representative.
- -- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.
- -- Respondents are geographically dispersed, rather than clustered.
- -- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

-- It allows greater stratification of the population (Harris samples have twelve strata).

-- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.

-- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ, smaller than the skip factor, is selected. Beginning with the random number Ψ, the sample points are then assigned according to where the numbers Ψ, $(\Psi + t/n)$, $(\Psi + 2\, t/n)$, $(\Psi + 3\, t/n)$...
$(\Psi + (n-1)\, t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until an interview is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone numbers, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.
3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

-- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.

-- If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.

-- Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids automatically accepting as a respondent the adult in the household who routinely answers the phone.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a followup fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples (see Table A-2) to correct for sub-group variations in telephone penetration and non- response rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching it. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR SAMPLING ERROR OF PROPORTIONS (PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ±11.

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based	Approximate Magnitude of Results				
	Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs. 1,250	2	3	4	4	4
1,000	2	3	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	4	6	7	7	7
100	6	8	9	10	10
50	8	11	13	14	14
1,000 vs. 1,000	3	4	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	5	6	7	7	8
100	6	8	9	10	10
50	9	11	13	14	14
500 vs. 500	4	4	6	6	6
300	4	6	7	7	7
200	6	7	8	8	8
100	7	9	10	11	11
50	9	12	13	14	15
300 vs. 300	5	6	7	8	8
200	5	7	8	9	9
100	7	9	10	11	11
50	9	12	14	15	15
200 vs. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 vs. 100	8	11	13	14	14
50	10	14	16	17	17
50 vs. 50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13 percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table A-1

DISPOSITION OF ALL TELEPHONE NUMBERS CALLED FOR THE 1988 SURVEY

Completed Interviews	1,250
Reached but Not Completed	
Respondent refused altogether	758
Respondent terminated interview once begun	63
Callbacks Incomplete	
Callback agreed to, but respondent could not complete it by the end of field period	364
Quota Out	
Excess women screened out toward end of field period to maintain proper sex ratio	1
No Reachable Respondent	
Never any answer	631
Always busy	78
Phone number not in service	1,273
Phone number is a business	354
Unavailable due to language; no English-speaker in household	83
Everyone reported to be unavailable due to health	98
Everyone reported to be unavailable during duration of the field period	24
Miscellaneous	
Duplicate numbers, etc.	32
TOTAL OF TELEPHONE NUMBERS CALLED	5,009

- -

STANDARD FORMULA FOR CALCULATION OF COMPLETION RATE:

$$\frac{\text{Completions}}{\text{Completions + Refusals + Terminations}} = \frac{1,250}{1,250 + 758 + 63} = 60\%$$

Completion rate = 60% of eligible households reached.

Noncompetion rate = 40% of eligible households reached.

Table A-2

PROFILE OF THE 1988 ADULT SAMPLE

	Base	Unweighted Proportion in Sample %	Weighted Proportion in Sample %
Total Adults	1250	100	100
Region			
East	312	25	24
Midwest	311	25	24
South	387	31	32
West	240	19	20
Urbanism			
Central city	379	30	31
Rest of metropolitan area	572	46	45
Outside metropolitan area	299	24	24
Sex			
Male	598	48	48
Female	652	52	52
Race			
White	1059	85	80
Black	87	7	10
Hispanic	71	6	6
Age			
18-29 years	309	25	27
30-39 years	310	25	22
40-49 years	202	16	15
50-64 years	244	20	18
65 and over	171	14	16
Education			
Not high school graduate	179	14	16
High school graduate	438	35	35
Some college	309	25	24
Four-year college graduate	322	26	24
Household Income			
$7,500 or less	105	8	12
$7,501-$15,000	146	12	15
$15,001-$25,000	227	18	18
$25,001-$35,000	273	22	15
$35,001-$50,000	197	16	15
$50,001 and over	186	15	16

APPENDIX B: QUESTIONNAIRE

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Questionnaire No.:__________
5-6-7-8

Study No. 884019 (Prevention VI)

March 8, 1989

Sample Point No. / / / / / / / /
10-11-12-13-14-15-16

Time Started:______________A.M./P.M.

Interviewer:________________________________ I.D. No.:________ Date:____________

Area Code:__________ Telephone No.:________________________________
(17-26)

Hello, I'm ____________________ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a survey of the American people on the subject of health and safety.

Are you 18 years of age or older? (IF "NO," ASK IF ANYONE IN HOUSEHOLD IS 18 YEARS OLD OR OLDER, AND ASK TO SPEAK WITH THAT PERSON. IF NO ONE IN HOUSEHOLD IS 18 OR OLDER, NOT ELIGIBLE.)

Yes........____ (CONTINUE WITH QUESTIONNAIRE)

No.........____ (NONELIGIBLE)

Refused....____ (REFUSAL)

FROM OBSERVATION: Respondent sex:

Male......(27(48 -1
Female........ 52 -2

1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor? N = 1250

Excellent	(28(	25	-1
Very good		34	-2
Good		25	-3
Fair		12	-4
Poor		3	-5
Not sure		*	-6
Refused		*	-7

2. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year	(29(	57	-1
Once a year		26	-2
Every two years		6	-3
Every three or four years		1	-4
Every five years or less often		3	-5
Never		5	-6
Not sure		3	-7
Refused		-	-8

3. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year	(30(	21	-1
Once a year		28	-2
Every two years		6	-3
Every three or four years		4	-4
Every five years or less often		5	-5
Never		32	-6
Not sure		4	-7
Refused		*	-8

4. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year	(31(	47	-1
Once a year		24	-2
Every two years		8	-3
Every three or four years		4	-4
Every five years or less often		4	-5
Never		11	-6
Not sure		2	-7
Refused		*	-8

32-39Z

ASK EVERYONE

5. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

ROTATE -- START AT "X"	Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
( ) a. Avoid eating too much salt or sodium..(40(	48 -1	33 -2	18 -3	1 -4	1 -5
( ) b. Avoid eating too much fat.............(41(	54 -1	32 -2	12 -3	1 -4	1 -5
( ) c. Eat enough fiber from whole grains, cereals, fruits, and vegetables.......(42(	60 -1	29 -2	10 -3	1 -4	- -5
( ) d. Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats......................(43(	48 -1	36 -2	15 -3	1 -4	* -5
( ) e. Get enough vitamins and minerals in foods or in supplements...............(44(	57 -1	30 -2	11 -3	1 -4	* -5
( ) f. Avoid eating too much sugar and sweet food............................(45(	47 -1	37 -2	15 -3	1 -4	* -5
( ) g. Get enough calcium in foods or in supplements..........................(46(	53 -1	32 -2	12 -3	2 -4	* -5
( ) h. Avoid caffeine in beverages, such as coffee, tea, and certain soda pop.....(47(	33 -1	31 -2	35 -3	1 -4	* -5
( ) i. Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings.................(48(	35 -1	34 -2	30 -3	1 -4	* -5
DO NOT ROTATE					
j. Eat fish twice a week.................(49(	28 -1	34 -2	36 -3	1 -4	* -5
k. Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower..............(50(	60 -1	28 -2	12 -3	* -4	- -5

6. In feet and inches, what is your height without shoes on?
ROUND TO NEXT HIGHEST INCH

4' 10" or less.......(51(* -1
4' 11"...................... 1 -2
5' 0"...................... 4 -3
5' 1"...................... 3 -4
5' 2"...................... 7 -5
5' 3"...................... 7 -6
5' 4"...................... 9 -7
5' 5"...................... 8 -8
5' 6"...................... 10 -9
5' 7"...................... 9 -0
5' 8"................(52(8 -1
5' 9"...................... 6 -2
5' 10"..................... 7 -3
5' 11"..................... 5 -4
6' 0"...................... 7 -5
6' 1"...................... 4 -6
6' 2"...................... 3 -7
6' 3"...................... 1 -8
6' 4"...................... 1 -9
6' 5"...................... * -0
6' 6"................(53(* -1
More than 6' 6"............ * -2
Not sure................... * -3
Refused.................... - -4

7. Please tell me your present weight without clothes. WRITE IN NUMBER

/ / / / lbs.
(54-56)

Not sure.....(57(____-1
Refused..........____-2

130 or less - 23%
131 to 155 - 27%
156 to 180 - 27%
181 and over - 21%
Mean - 159

8. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small................(58(18 -1
Medium.................... 58 -2
Large..................... 23 -3
Not sure.................. * -4
Refused................... - -5

Within Recommended Range - 21%
Overweight - 64%
Underweight - 15%

9. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise...(59(75 -1
Do not get regular exercise 24 -2
Not sure.................. * -3
Refused................... - -4

10. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never	(60(19	-1	(ASK Q.11)
Less than 1 day a month	6	-2	
1 to 3 days a month	11	-3	
1 day a week	13	-4	
2 days a week	13	-5	
3 days a week	15	-6	(SKIP TO Q.12)
4 to 5 days a week	12	-7	
6 to 7 days a week	9	-8	
Not sure	1	-9	
Refused	-	-0	

11. I'm going to read a list of factors some people have told us would increase their chances of becoming involved in regular exercise. For each one I read tell me whether it would help you become more involved, or not? READ EACH ITEM. Base: 786

	Yes, Would Help	No, Would Not	Not Sure	Not Applicable
a. If you needed to lose weight	(61(75 -1	22 -2	2 -3	1 -4
b. Greater availability of exercise facilities	(62(51 -1	45 -2	2 -3	1 -4
c. More flexible scheduling of your work day	(63(53 -1	39 -2	1 -3	7 -4
d. If your doctor recommended it	(64(85 -1	13 -2	1 -3	1 -4
e. If your friends began doing it	(65(49 -1	48 -2	1 -3	1 -4
f. Less expensive exercise facilities	(66(56 -1	41 -2	1 -3	1 -4
g. If a fitness program were begun at work	(67(55 -1	29 -2	1 -3	16 -4

ASK EVERYONE

12. Do you smoke cigarettes now, or not?

Smoke now	(68(26	-1
Don't smoke now	74	-2
Not sure	-	-3
Refused	*	-4

13. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed	(69(10	-1
No, no one ever smokes in bed	85	-2
No on in household smokes (vol.)	5	-3
Not sure	*	-4
Refused	*	-5

14. About how often do you socialize with close friends, relatives, or neighbors?
READ LIST IF NECESSARY

More than twice a week......(70(47 -1
Twice a week.................... 17 -2
Once a week..................... 20 -3
2 to 3 times a month............ 8 -4
Once a month.................... 6 -5
Less than once a month.......... 1 -6
Never........................... 1 -7
Not sure........................ 1 -8
Refused......................... * -9

15. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day...........(71(18 -1
Several days a week............ 15 -2
Once or twice a week........... 30 -3
Less often than once a week..... 27 -4
Never.......................... 9 -5
Not sure....................... 1 -6
Refused........................ - -7

16. Do you consciously take steps to control or reduce the stress in your life, or not?

Yes, take steps to control..(72(69 -1
No, don't take steps........... 30 -2
Not sure....................... 1 -3
Refused........................ - -4

17. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours..........(73(3 -1
5 hours........................ 5 -2
6 hours........................ 20 -3
7 hours........................ 31 -4
8 hours........................ 31 -5
9 hours........................ 6 -6
10 hours or more............... 5 -7
Not sure....................... 1 -8
Refused........................ - -9

18. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never......................(74(39 -1 (SKIP TO Q.20)

Less than 1 day a month......... 17 -2
1 to 3 days a month............. 18 -3
1 to 2 days a week.............. 14 -4
3 to 4 days a week.............. 5 -5
5 to 6 days a week.............. 2 -6
Daily/7 days a week............. 5 -7
Not sure........................ * -8
Refused......................... * -9

(ASK Q.19)

19. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink....................(75(34 -1 Base: 788
2 drinks....................... 35 -2
3 drinks....................... 14 -3
4 drinks....................... 6 -4
5 or more drinks................ 11 -5
Not sure....................... * -6
Refused........................ * -7

ASK EVERYONE

20. How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time................(76(60 -1
Sometimes...................... 26 -2
Never.......................... 13 -3
Not applicable (vol.)........... 1 -4
Not sure....................... - -5
Refused........................ * -6

21. Do you drive a car?

Yes, drive.........(77(89 -1 (ASK Q.22)

No, do not drive....... 11 -2
Refused............... - -3 (SKIP TO Q.24)

22. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time.......(78(51 -1
Sometimes.............. 44 -2
Never.................. 5 -3
Not sure............... 1 -4
Refused................ - -5

23. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time.......(79(3 -1
Sometimes.............. 19 -2
Never.................. 60 -3
Don't drink (vol.)..... 18 -4
Not sure............... * -5
Refused................ * -6

80Z

24. Do you have a smoke detector in your home, or not?

Have a smoke detector.....2*(10(81 -1
Do not have a smoke detector.... 19 -2
Not sure........................ * -3
Refused......................... - -4

25. Do you take any special steps or precautions to avoid accidents in and around your home?

Yes, take steps.............(11(82 -1
No, don't take steps............ 17 -2
Not sure........................ 1 -3
Refused......................... - -4

26. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Frequently.........(12(1 -1
Sometimes.............. 2 -2
Only occasionally...... 3 -3
Never.................. 95 -4
Not sure............... * -5
Refused................ * -6

27. Does your current family health insurance plan provide a discount for those who do not smoke or who exercise regularly?

Yes...............(13(27 -1
No.................... 45 -2
Don't know/not sure... 6 -3
Does not have
insurance (vol.)..... 22 -4
Refused............... - -5

28. Right now, do you feel that you are overweight, or underweight, or at about the right weight for you?

Feel overweight..............(14(45 -1
Feel underweight................. 5 -2
Feel at about the right weight... 50 -3
Not sure......................... - -4
Refused.......................... - -5

29. During the past month, have you tried to lose any weight, or not?

Yes, tried.........(15(37 -1
No, did not try........ 63 -2
Not sure............... * -3
Refused................ - -4

30a. Have you ever lost at least ten pounds or more while dieting?

Yes, have............(16(47 -1 (ASK Q.30b)

No, have not............ 52 -2
Not sure................. * -3
Refused.................. * -4
(SKIP TO Q.31)

30b. Were you able to keep all or most of the weight off permanently?

Yes, was able........(17(57 -1 Base: 605
No, was not able......... 42 -2
Not sure................. 1 -3
Refused.................. * -4

ASK EVERYONE

31. Here's a list of things that people have told us that they have done in order to stay healthy. As I read down the list, tell me if you've done any of these things in the past month? READ LIST; CHECK ALL THAT APPLY

	Yes, Have Done	No, Haven't	Not Sure
Drunk diet soft drinks instead of regular soft drinks............(18(	37 -1	62 -2	1 -3
Joined a health club or exercise class................(19(	11 -1	89 -2	* -3
Socialized more often............(20(	29 -1	70 -2	1 -3
Bought a diet book...............(21(	7 -1	93 -2	* -3
Cut down on alcohol..............(22(	27 -1	70 -2	3 -3
Taken non-prescription diet pills(23(	3 -1	97 -2	* -3
Taken prescription diet pills....(24(	2 -1	98 -2	* -3
Gone to Weight Watchers, Overeaters Anonymous, or a similar program...........(25(	4 -1	96 -2	- -3
Fasted for at least 3 days at a time.....................(26(	4 -1	96 -2	1 -3
Cut down on red meat.............(27(	49 -1	51 -2	1 -3
Cut down on sugar................(28(	58 -1	42 -2	* -3
Socialized less often............(29(	18 -1	81 -2	1 -3
Tried to gain more self-control..(30(	60 -1	38 -2	2 -3
Tried to do things to relieve stress and boredom.............(31(	71 -1	29 -2	* -3
Started to exercise strenuously...................(32(	29 -1	70 -2	1 -3

32. Now I'm going to read a list of statements and I would like you to tell me whether you agree or disagree with each one that I read.

ROTATE -- START WITH "X"

		Agree	Disagree	Not Sure
( ) a.	When I don't exercise or eat right I feel guilty..........................(33(	51 -1	49 -2	1 -3
( ) b.	I used to watch what I eat, but don't anymore..............................(34(	19 -1	80 -2	1 -3
( ) c.	If I exercise and eat right, I'm almost certain to stay healthy........(35(	85 -1	15 -2	1 -3
( ) d.	It is very important to me that I feel attractive to the opposite sex...(36(	70 -1	29 -2	1 -3
( ) e.	I am often confused about what I should do to stay healthy.............(37(	28 -1	72 -2	* -3
( ) f.	I'm willing to spend extra money on things that are healthy for me.....(38(	75 -1	24 -2	1 -3
( ) g.	I would like to exercise and eat better, but I just can't get myself to do it.............................(39(	49 -1	50 -2	1 -3
( ) h.	These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it........(40(	53 -1	45 -2	2 -3
( ) i.	There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat........................(41(	51 -1	48 -2	1 -3
( ) j.	I sometimes watch what I eat but not all the time..................(42(	82 -1	18 -2	* -3
( ) h.	I think health clubs are important for physical fitness..................(43(	58 -1	40 -2	2 -3

33a. During the past month, have you done any walking as exercise?

Yes, have walked.........(44(	68	-1	(ASK Q.33b)
No, but ran or jogged........	13	-2	(IF FEMALE RESPONDENT, SKIP TO Q.34, IF MALE RESPONDENT, SKIP TO Q.36a)
No, have not walked..........	19	-3	
Not sure.....................	*	-4	
Refused......................	*	-5	

33b. How often did you walk for exercise in the past month? DO NOT READ LIST

Once......................(45(	2	-1
2 to 3 times in month...........	8	-2
Weekly..........................	14	-3
Several times a week............	36	-4
Daily...........................	39	-5
Not sure........................	1	-6
Refused.........................	*	-7

33c. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often..................(46(	32	-1
About the same..................	46	-2
Less often......................	20	-3
Not sure........................	1	-4
Refused.........................	*	-5

33d. When you walk for exercise, do you usually walk more than a mile or less than a mile?

More than a mile..........(47(	61	-1
Less than a mile..............	27	-2
Exactly one mile (vol.).......	11	-3
Not sure......................	1	-4
Refused.......................	*	-5

33e. How many years have you been walking for exercise? DO NOT READ LIST

Less than one year........(48(	11	-1
1 to 2 years..................	20	-2
2 to 5 years..................	25	-3
More than 5 years.............	41	-4
Not sure......................	3	-5
Refused.......................	*	-6

33f. When you walk for exercise, do you usually wear any special shoes that are designed for walking, or not?

Yes, wear special shoes..(49(	43	-1
No, do not wear special shoes	57	-2
Not sure....................	1	-3
Refused.....................	*	-4

ASK Q.34 AND Q.35 OF WOMEN ONLY -- SKIP MEN TO Q.36a

34. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year.(50(	15	-1	Base: 652
Once a year....................	57	-2	
Every 2 years..................	7	-3	
Every 3 years..................	3	-4	
Every 4 or 5 years.............	3	-5	
Every 6 years or less often.....	3	-6	
Never..........................	9	-7	
Not applicable (vol.)..........	1	-8	
Not sure.......................	2	-9	
Refused........................	*	-0	

35. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month...............(51(	51	-1
Several times a year....................	24	-2
Once a year.............................	7	-3
Less than once a year...................	3	-4
Never...................................	12	-5
I never do it -- doctor does it (vol.)...	1	-6
Not applicable (vol.)...................	*	-7
Not sure................................	*	-8
Refused.................................	*	-9

ASK EVERYONE

36a. During the past month, have you taken any food supplements, such as vitamins or minerals, or not?

Yes, have taken....(52(49 -1 (ASK Q.36b)

No, have not taken..... 51 -2
Not sure.............. - -3 (SKIP TO Q.36i)
Refused............... - -4

36b. What types of food supplements did you take? Anything else? Can you name any more?
DO NOT READ LIST

IF MORE THAN ONE TYPE, ASK Q.36c. OTHERWISE GO TO Q.36d
36c. Which of those do you feel is most important?

	Q.36b MULTIPLE RECORD	Q.36c Most Important SINGLE RECORD	
Multi-vitamins/minerals..	(53(66 -1	(64(66 -1	Base: 620
Vitamin A................	(54(5 -1	5 -2	
Vitamin B12..............	(55(4 -1	4 -3	
Vitamin B-complex........	(56(9 -1	9 -4	
Vitamin C................	(57(25 -1	25 -5	
Vitamin E................	(58(13 -1	13 -6	
Calcium..................	(59(17 -1	17 -7	
Iron.....................	(60(9 -1	9 -8	
Omega-3 (fish oil).......	(61(1 -1	1 -9	
Beta-carotene............	(62(1 -1	1 -0	
Other (SPECIFY):			
________________...	(63(16 -1	(65(16 -1	
Not sure.................	3 -2	3 -2	

36d. How often did you take this supplement during the past month?
DO NOT READ LIST.

Once....................(66(2 -1
2 to 3 times in month........ 3 -2
Weekly...................... 5 -3
Several times a week......... 12 -4
Daily....................... 77 -5
Not sure.................... 1 -6
Refused..................... * -7

36e. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often..............(67(35 -1
About the same.............. 57 -2
Less often.................. 8 -3
Not sure.................... * -4
Refused..................... * -5

36f. For how many years have you been taking this food supplement? DO NOT READ LIST.

Less than one year.......(68(20 -1
1 to 2 years................. 17 -2
2 to 5 years................. 25 -3
More than 5 years............ 36 -4
Not sure..................... 2 -5
Refused...................... * -6

36g. Where do you usually purchase most of this food supplement? SINGLE RECORD DO NOT READ LIST.

Supermarket...........................(69(16 -1
Drugstore/pharmacy......................... 50 -2
Discount Store (K-Mart, Wal-Mart, etc.)..... 12 -3
Direct seller (Shaklee, Amway, etc.)........ 1 -4
Mail order................................. 3 -5
Health food store.......................... 11 -6
Other...................................... 5 -7
Not sure................................... 2 -8
Refused.................................... 1 -9

36h. What is the main reason why you take this food supplement?

Supplement diet/balance diet - 29%
Maintain health/good health - 15% ...(70-71) (SKIP TO Q.37a)
Doctor recommendation - 11%
To raise energy level - 9%
Prevent colds - 6%
Prevent medical condition - 6%

(IF RESPONDENT ANSWERS "TO INCREASE OR GET ENOUGH VITAMINS, MINERALS," PROBE: And what is the main reason why you want to do that? RECORD ABOVE)

36i. During the past 5 years, have you taken any food supplements, such as vitamins or minerals, on a regular basis, or not?

Yes....................(72(26 -1 (ASK Q.36j)

No......................... 74 -2
Not sure................... * -3
Refused.................... 4 -4
} (SKIP TO Q.37a)

36j. Is there any particular reason why you stopped taking food supplements on a regular basis?

Yes, some reason (What is that?)...(73(52 -4

No longer needed/improved medical condition/gave birth - 26% (74-75)
No effect on health/ineffective - 19%
Eat a balanced diet - 17%
Any other mention - 33%

No, no reason..........(73(45 -1
Not sure.................. 1 -2
Refused................... 2 -3

76-80Z

ASK EVERYONE

37a. During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in calories other than diet soda?

Yes, have purchased....3*(10(38 -1 (ASK Q.37b)

No, have not purchased....... 61 -2
Not sure.................... 1 -3 } (SKIP TO Q.38a)
Refused..................... * -4

37b. What type of manufactured low calorie food product do you purchase most often? DO NOT READ LIST -- SINGLE RECORD

Frozen entrees, dinners, desserts...(11(19 -1
Milk................................ 9 -2
Yogurt, cottage cheese
  other milk products,.................. 10 -3
Bread, cereal, crackers, other
  grains or noodles.................... 17 -4
Sugar, candy and syrup substitutes...... 7 -5
Margarine............................. 9 -6
Salad dressing......................... 7 -7
SlimFast or equivalent.................. 2 -8
Canned fruit........................... 1 -9
Jello.................................. 2 -0
Other (SPECIFY):

______________________________...(12(9 -1
Not sure............................... 7 -2

37c. How often did you eat it during the past month? DO NOT READ LIST.

Once.......................(13(4 -1
2 to 3 times in month........... 12 -2
Weekly......................... 13 -3
Several times a week........... 25 -4
Daily.......................... 34 -5
Respondent did not eat any...... 11 -6
Not sure....................... 2 -7
Refused........................ - -8

37d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.................(14(36 -1
About the same................. 53 -2
Less often..................... 9 -3
Not sure....................... 1 -4
Refused........................ * -5

37e. For how many years have (you/they) been eating this type of low calorie food product? DO NOT READ LIST.

Less than one year......(15(21 -1
1 to 2 years............... 26 -2
2 to 5 years............... 27 -3
More than 5 years.......... 25 -4
Not sure................... 2 -5
Refused.................... * -6

ASK EVERYONE

38a. During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially high in fiber?

Yes, have purchased	(16(	57	-1	(ASK Q.38b)
No, have not purchased		42	-2	(SKIP TO Q.39a)
Not sure		1	-3	
Refused		*	-4	

38b. What type of manufactured high fiber food product did you purchase most often? DO NOT READ LIST -- SINGLE RECORD

Cereal	(17(	82	-1
Bread		9	-2
Wheat germ		*	-3
Vegetables		1	-4
Other (SPECIFY):		4	-5
Not sure		2	-6
Oat bran		1	

38c. How often did you yourself eat it during the past month? DO NOT READ LIST

Once	(18(	2	-1
2 to 3 times in month		6	-2
Weekly		9	-3
Several times a week		38	-4
Daily		35	-5
Respondent did not eat any		9	-6
Not sure		1	-7
Refused		*	-8

38d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often	(19(	39	-1
About the same		53	-2
Less often		6	-3
Not sure		1	-4
Refused		1	-5

38e. For how many years have (you/they) been eating this type of high fiber food product? DO NOT READ LIST

Less than one year.	(20(	15	-1
1 to 2 years		23	-2
2 to 5 years		25	-3
More than 5 years		33	-4
Not sure		3	-5
Refused		1	-6

ASK EVERYONE

39a. During the past month, have you or has anyone in your household purchased a food product that is manufactured to be especially low in fat or low in cholesterol?

Yes, have purchased......(21(48 -1 (ASK Q.39b)

No, have not purchased....... 49 -2
Not sure.................... 2 -3 (SKIP TO Q.40a)
Refused..................... * -4

39b. What type of manufactured low fat or low cholesterol food product did you purchase most often? DO NOT READ LIST- SINGLE RECORD

Margarine................(22(33 -1
Oil....................... 16 -2
Milk...................... 12 -3
Butter.................... 7 -4
Meat/bacon................ 6 -5
Eggs...................... 3 -6
Cheese.................... 3 -7
Poultry................... 3 -8
Other (SPECIFY):

________________... 8 -9
Not sure.................. 4 -0
Bread/cereal/crackers........ 3

39c. How often did you eat it during the past month? DO NOT READ LIST

Once......................(23(2 -1
2 to 3 times in month.......... 6 -2
Weekly........................ 12 -3
Several times a week........... 32 -4
Daily......................... 41 -5
Respondent did not eat any...... 3 -6
Not sure...................... 3 -7
Refused....................... - -8

39d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often..................(24(30 -1
About the same.................. 61 -2
Less often...................... 8 -3
Not sure........................ 1 -4
Refused......................... - -5

39e. For how many years have (you/they) been eating this type of low fat or low cholesterol food product? DO NOT READ LIST

Less than one year.(25(14 -1
1 to 2 years........... 21 -2
2 to 5 years........... 27 -3
More than 5 years...... 36 -4
Not sure............... 2 -5
Refused................ - -6

ASK EVERYONE

40a. During the past month have you taken any non-prescription pain relievers, or not?

Yes, have taken..........(26(49 -1 (ASK Q.40b)

No, have not taken........... 51 -2
Not sure..................... - -3 } (SKIP TO Q.41a)
Refused...................... - -4

40b. What type of non-prescription pain reliever do you take most often? SINGLE RECORD -- DO NOT READ LIST

A powder, B.C. powders..........(27(1 -1

Acetaminophen, Anacin-3,
Datril, Panadol, Tylenol.......... 39 -2

Antihistamine, decongestant......... 1 -3

Antacid............................. - -4

Combinations, Execedrin............. 3 -5

Ibuprofin, Advil/Nuprin............. 15 -6

Midol, Pamprin...................... - -7

Salicylate, aspirin,
Bayer, Bufferin, Anacin........... 36 -8

Other (DO NOT SPECIFY).............. 6 -9
Not sure........................(28(- -1
Refused............................. 1 -2

40c. How often did you take it during the past month? DO NOT READ LIST

Once........................(29(13 -1
2 to 3 times in month.......... 33 -2
Weekly......................... 17 -3
Several times a week........... 21 -4
Daily.......................... 15 -5
Not sure....................... 2 -6
Refused........................ * -7

40d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often..................(30(24 -1
About the same................. 63 -2
Less often..................... 11 -3
Not sure....................... 1 -4
Refused........................ * -5

ASK EVERYONE

F1. Are you currently employed full or part-time outside the home?

Yes, full time	(64(	53	-1	(GO TO Q.F2)
Yes, part time		11	-2	
Self-employed (vol.)		2	-3	
No		34	-4	(SKIP TO Q.F5)
Not sure		-	-5	
Refused		*	-6	

F2. What type of work do you do?

ASK FOR JOB TITLE AND MAIN DUTIES -- DESCRIBE IN DETAIL:

Professional	(65(	20	-1
Manager, official		12	-2
Proprietor (small business)		3	-3
Clerical worker		13	-4
Sales worker		9	-5
Skilled craftsman, foreman		14	-6
Operative, unskilled laborer (except farm)		13	-7
Service worker		12	-8
Farmer, farm manager, farm laborer		1	-9
Student		*	-0
Housewife	(66(	*	-1
Military service		1	-2
Welfare		-	-3
Disabled		-	-4
Other (SPECIFY): ______		-	-5
Not sure		-	-6
Refused		-	-7

F3. Does your current employer provide any assistance to help you stay healthy such as weight control counseling, an exercise program or help to stop smoking?

Yes	(67(	24	-1	(ASK Q.F4)
No		75	-2	(SKIP TO Q.F5)
Not sure		1	-3	
Refused		*	-4	

F4. Do you participate in any of these programs?

Yes	(68(	37	-1
No		63	-2
Not sure		-	-3
Refused		-	-4

F5. How old are you? IF HESITANT, READ LIST

18 to 20	(69(	7	-1
21 to 24		8	-2
25 to 29		12	-3
30 to 34		12	-4
35 to 39		11	-5
40 to 44		8	-6
45 to 49		7	-7
50 to 54		6	-7
55 to 59		7	-8
60 to 64		6	-9
65 and over		16	-0
Refused	(70(	1	-1
Not sure		-	-2

F6. What is the last grade or level of school you completed?

No formal schooling	(71(	1	-1
First through 7th grade		2	-2
8th grade		3	-3
Some high school		10	-4
High school graduate		35	-5
Some college		19	-6
Two-year college graduate		6	-7
Four-year college graduate		15	-8
Postgraduate		9	-9
Trade/technical/vocational after high school*		XXXXXX	
Refused/not sure		*	-0

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO APPROPRIATE CATEGORY

F7. Which of the following income categories best describes your total 1987 household income? Was it (READ LIST)?

$7,500 or less	(72(	12	-1
$7,501 to $15,000		15	-2
$15,001 to $25,000		18	-3
$25,001 to $35,000		15	-4
$35,001 to $50,000		15	-5
$50,001 or over		16	-6
Not sure		5	-7
Refused		5	-8

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES -- IF UNSURE OF 1986 INCOME, PROBE FOR ESTIMATE

F8. Are you of Hispanic descent, or not?

Yes, of Hispanic descent	(73(	6	-1
No, not of Hispanic descent		91	-2
Not sure		2	-3
Refused		*	-4

F9. Do you consider yourself white, black, Asian, or some other race?

White..........................(74(	85	-1
Black..............................	12	-2
Asian or Pacific Islander...........	1	-3
American Indian or Alaskan native...	1	-4
Not sure...........................	1	-5
Refused............................	1	-6

F10. Is your religious background Protestant, Catholic, Jewish, or something else?

Protestant...................(75(	53	-1
Catholic.........................	31	-2
Jewish...........................	2	-3
Other............................	9	-4
None.............................	3	-5
Not sure.........................	1	-6
Refused..........................	1	-7

INTERVIEWER NOTE:

CODE AS "PROTESTANT"
Baptist
"Born-Again"
"Christian" (UNSPEC.)
Church of Christ
Congregational
Episcopalian
"Fundamentalist"
Latter-Day Saint/
 Mormon
Lutheran
Methodist
Pentecostal
Presbyterian
Unitarian

CODE AS OTHER
Christian Scientist
Greek/Russian Orthodox
Jehovah's Witness
7th Day Adventist

Thank you very much for your cooperation!

TIME ENDED:____________AM/PM